2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 05, 2007 08:00 AN DOCUMENT # L04000013041 **Secretary of State** HAMMERHEAD CHARTERS LLC Principal Place of Business Mailing Address 17076 BANKS AVE. 17076 BANKS AVE. PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 US 01242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMBERN, DAN D DO NOT WRITE 17076 BANKS AVE. PORT CHARLOTTE, FL 33948 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50,00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM CAMBERN, DAN D HAME STREET ADDRESS 17076 BANKS AVE CITY-ST-ZIP PORT CHARLOTTE, FL 33948 TITLE HAME STREET ADDRESS CITY-57-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME. STREET ADDRESS CITY-ST-ZIP WLE. NAME: STREET ADDRESS CITY-\$1-21P

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or vustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CATY-ST-71P

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED