## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L04000015172

1. Entity Name



## **FILED** Feb 24, 2006 8:00 am Secretary of State

02-24-2006 90244 033 \*\*\*\*55.00

NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NARYAEZ, CHRISTOPHER STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236  CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z	V.B. CRUI	ISE CHARTERS, LLC								
Suite, Apt. #, etc.    D1192006   Chg.LLC   CR2E083 (11/05)	707 SOUTH WASHINGTON BLVD.		707 SOUTH WASHINGTON BLVD. Sarasota, Fl. 34236		1 IBB#!B   B	13 <b>60</b> 211 <b>8</b> 1021 6021 6021 80				
City & State  Country  Stock Applied For Sold Spakas  A. Est Number Sold Spakas  North Applied For Sold Spakas  Stock Address of Current Registered Agent  To Sch J, John E TOT SOUTH WASHINGTON BLVD.  SARASOTA, FL 34236  Sircet Address (P.O. Box Number is Nox Acceptable)	2. Principal Place of Business		3. Mailing Address							
Zip   Country   Zip   Country   S. Certificate of Status Desired   S. S. On Againant Fee Prequired   S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192006	Chg-LLC	CR2E0	83 (11/05)		
Country   Zip   Country   S. Certificate of Status Desired   S. S. O. Additional Fee Required   S. Certificate of Status Desired   S. S. O. Additional Fee Required   S. Certificate of Status Desired   S. Certificate	City & State		City & State						- <del></del>	
TOSCH, JOHN E 707 SOUTH WASHINGTON BLVD.  SARASOTA, FL 34236    City	Zip	Country	Zip	Country					\$5.00 Add	itional
TOSCH, JOHN E 707 SOUTH WASHINGTON BLVD.  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name and Address of Current I	Registered Agent			7. Name and	d Address of New I			-
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City				Name				•		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  Spallur, travel of printed name or registered agent and size if applicable.  Pilling Fee is \$50.00 Due by May 1, 2006  Pilling Fee is \$50.00 Due by May 1, 2006  Make check payable to Pilling Fee is \$50.00 Due by May 1, 2006  Pilling Fee is	707 SOUTH WASHINGTON BLVD.		Street Address		ddress (f	P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  Sporture, types or orinted name or registered agent and size if applicable  Pilling Fee is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  TITLE  MAME  BUCHANAN, VERNON  707 S WASHINGTON BLVD  SARASOTA, FL 34236  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delde  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Ad  Ad  Ad  Ad  Ad  Ad  Change  Ad  Ad  Ad  Ad  Ad  Ad  Change  Ad  Ad  Ad  Ad  Ad  Ad  Ad  Ad  Ad  A	·			City				FL	Zip Code	3
NOTE Registered agent and rite if applicable   NOTE Registered Agent signature required when reinstating)   OATE			the purpose of changing its re	egistered office of	register	ed agent, or bo	oth, in the State of F		amiliar with,	and accept
Pue by May 1, 2006    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES	SIGNATURE _	Signature, typed or printed name of registered agent a	and title it applicable. (NOTE: F	Registered Agent signat	ure required	when reinstating)	····-	DATE	<del></del>	<del></del>
Pue by May 1, 2006    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES	11.									
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby o	on this report is true and accurate and	that my signature shall have th	the exemptions cone same legal effe	ect as if n	nade under oat	th; that I am a mana	further certify aging membe	_ that the info er or manage	ormation er of the

SIGNATURE: 2-18-0 6
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941- 225 1253.