


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 029 \*\*\*\*50.00

<b>DOCUMENT # L04000015172</b>	
1. Entity Name <b>V.B. CRUISE CHARTERS, LLC</b>	

Principal Place of Business <b>707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236</b>	Mailing Address <b>707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236</b>
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**60023972**



2. Principal Place of Business - No P.O. Box # <b>Suite 50 Central Ave. Suite 900 Sarasota, FL 34236</b>	3. Mailing Address <b>Suite 50 Central Ave. Suite 900 Sarasota, FL 34236</b>
City <b>Sarasota, FL 34236</b>	City <b>Sarasota, FL 34236</b>
Zip <b>34236</b>	Country <b>FL</b>

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>55-0859433</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TOSCH, JOHN E 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name <b>50 Central Ave. Suite 900</b> Street / <b>Sarasota, FL 34236</b> City <b>FL</b> Zip Code
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8. 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)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUCHANAN, VERNON 707 S WASHINGTON BLVD SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HITEMAN, STEVE 707 S WASHINGTON BLVD SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS TOSCH, JOHN 707 S. WASHINGTON BLVD SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>3/8/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #