


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90347 017 ****55.00

DOCUMENT # L04000016728	
1. Entity Name SUMMERPOINT CHARTERS, L.L.C.	

Principal Place of Business 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082	Mailing Address 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1202762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT, BARON L ESQ.
C/O BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BARTLETT, BARON L 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082
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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.

SIGNATURE:  DATE: **3/28/07** DAYTIME PHONE #: **9042855299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #