


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000051407**  
 1. Entity Name  
**MEGABITE FISHING CHARTERS, LLC**



Principal Place of Business      Mailing Address  
**2447 HARBOR ROAD**      **2447 HARBOR ROAD**  
**NAPLES, FL 34104-4288**      **NAPLES, FL 34104-4288**

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1353304</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**KELLY, CHARLES M JR.**  
**2390 TAMiami TRAIL NORTH**  
**SUITE 204**  
**NAPLES, FL 34103**

**DO NOT WRITE 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 reinstating)

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

U00000660857  
 03/20/07-80017-015 50.00

**D. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WHEELER, JAMES M</b> <b>2447 HARBOR ROAD</b> <b>NAPLES, FL 341044288</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HANSEN, JAMES</b> <b>2447 HARBOR ROAD</b> <b>NAPLES, FL 341044288</b>
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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: *James M. Wheeler*      **JAMES M. WHEELER**      2/7/07      239-398-3620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #