

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055710

**FILED**  
**Jun 10, 2008**  
**Secretary of State**

**Entity Name:** CAPT. GEORGE ENRIGHT, FLORIDA CHARTER LLC

**Current Principal Place of Business:**

3075 STRAWFLOWER WAY  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

18416 CANARY LN  
LUTZ, FL 33558 US

**Current Mailing Address:**

3075 STRAWFLOWER WAY  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

18416 CANARY LN  
LUTZ, FL 33558 US

**FEI Number:** 20-1443810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ENRIGHT, GEORGE A  
3075 STRAWFLOWER WAY  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

ENRIGHT, GEORGE A  
18416 CANARY LN  
LUTZ, FL 33558 US

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.

SIGNATURE:

06/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ENRIGHT, GEORGE A  
Address: 3075 STRAWFLOWER WAY  
City-St-Zip: LAKE WORTH, FL 33467 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ENRIGHT, GEORGE A  
Address: 18416 CANARY LN  
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE A ENRIGHT

MGRM

06/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date