


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90039 004 ****55.00

DOCUMENT # L04000069128	
1. Entity Name NATIVE WINDS CHARTERS, LLC	

Principal Place of Business 1901 CLIFFORD STREET UNIT 603 FT. MYERS, FL 33901	Mailing Address 1901 CLIFFORD STREET UNIT 603 FT. MYERS, FL 33901
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2. Principal Place of Business 3661 10th Ave NE	3. Mailing Address 3661 10th Ave NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FLORIDA	City & State Naples Florida
Zip 34120	Country USA
Zip 34120	Country USA



08222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-3339762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent YOUNG, MELISSA L CAP. 1901 CLIFFORD STREET UNIT 603 FT. MYERS, FL 33901	7. Name and Address of New Registered Agent Name CAPT. MELISSA L. YOUNG Street Address (P.O. Box Number is Not Acceptable) 3661 10th Ave NE City NAPLES FL Zip Code 34120
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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  **CAPT. MELISSA L. YOUNG** 8/25/05
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, MELISSA L 1901 CLIFFORD STREET FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG MELISSA L 3661 10th Ave NE NAPLES FLORIDA 34120 <input checked="" 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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CAPT MELISSA L. Young** 8/25/05 412-207-0118
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #