

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070220

FILED  
Feb 10, 2005  
Secretary of State

Entity Name: GOODFELLAS CHARTERS, LLC

**Current Principal Place of Business:**

3401 N.E. 26TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

1390 S. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

3401 N.E. 26TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

1390 S. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

FEI Number: 86-1116566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LASORSA, VINCENT J  
1390 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LASORSA, VINCENT J  
Address: 1390 SOUTH FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: LASORSA, JOSEPH A  
Address: 1390 SOUTH FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VINCENT LASORSA

MGRM

02/10/2005

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