
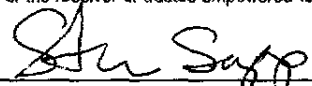


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000073072		
1. Entity Name GOIN' SOUTH CHARTERS LLC		
Principal Place of Business 105 FRONT STREET, NO. 219 KEY WEST, FL 33040		Mailing Address 105 FRONT STREET, NO. 219 KEY WEST, FL 33040
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLEMAN, JERRY ESQ. JERRY COLEMAN, P.L. 201 FRONT STREET, SUITE 203 KEY WEST, FL 33040-8347		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAPP, STEVEN 105 FRONT STREET NO. # 219 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u></u>		Date: <u>4/12/06</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>



04122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1789400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

11/11/05/3458
04/28/06-80044-022 50.00