2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028613

1. Entity Name
CHARTER VACATION, LLC

Principal Place of Business	Mailing Address
350 VERNON STREET PENTHOUSE OAKLAND, CA 94610	350 VERNON STREET PENTHOUSE OAKLAND, CA 94610

2. Principal Place of Business *1000 BOULEVARD OF THE ARTS*

Suite, Apt. #, etc.

City & State *SARASOTA, FL*

Zip *34236* Country *USA*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

07202006   Chg-LLC   CR2E083 (11/05)

4. FEI Number *20-2445074*

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C. TED, FRENCH P.A. 2033 MAIN STREET SUITE 304 SARASOTA, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MINNIS, RICHARD		NAME		
STREET ADDRESS	350 VERNON STREET PENTHOUSE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94610		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MINNIS, LEILA		NAME		
STREET ADDRESS	350 VERNON STREET PENTHOUSE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94610		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: x *Richard Minnis*   *8/21/06*   *510-750-2522*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #