
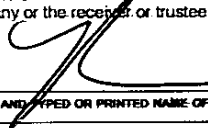


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 038 ****50.00

DOCUMENT # L05000059677 <small>1. Entity Name</small> DOUBLE M CHARTERS, LLC					
<small>Principal Place of Business</small> 9095 DUNDEE DRIVE LAKE WORTH, FL 33467 US			<small>Mailing Address</small> 9095 DUNDEE DRIVE LAKE WORTH, FL 33467 US		
<small>2. Principal Place of Business</small>			<small>3. Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		<small>4. FEI Number</small> 20-3186687	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>				<small>Applied For</small> <input type="checkbox"/> \$5.00 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER STREET SUITE 675 MIAMI, FL 33130				<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
<small>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.</small>					
<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> <small>DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM MCLAUGHLIN, MICHAEL E 9095 DUNDEE DRIVE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>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.</small>					
SIGNATURE: 			1/14/06 561-352-6463		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> <small>Daytime Phone #</small>		