


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90189 005 \*\*\*138.75

DOCUMENT # L05000117084

1. Entity Name  
 TIGER CHARTER COMPANY, LLC



Principal Place of Business      Mailing Address

1395 BRICKELL AVENUE      1395 BRICKELL AVENUE  
 SUITE 900      SUITE 900  
 MIAMI, FL 33131-3302 US      MIAMI, FL 33131 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

370 Minorca Ave      370 Minorca Ave


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Coral Gables FL      Coral Gables FL

Zip      Country      Zip      Country

33134      USA      33134      USA



04252008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

20-3909004      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ.  
 1395 BRICKELL AVENUE  
 14TH FLOOR  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name      ximena Berrios

Street Address (P.O. Box Number is Not Acceptable)

370 minorca Ave

City      Coral Gables      FL      Zip Code      33134

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 Ximena Berrios      DATE 4-24-08

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HOLLY, WILLIAM H	
STREET ADDRESS	<del>1395 BRICKELL AVENUE, SUITE 900</del>	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MCCAMMON, ROBERT K	
STREET ADDRESS	<del>1395 BRICKELL AVENUE, SUITE 900</del>	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	370 minorca Ave	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	370 minorca Ave	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature]      DATE: 4-24-08      DAYTIME PHONE #: 305 777 0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #