


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 State Zip Code

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