## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Mar 14, 2007 08:00 AM DOCUMENT # L05000117805 1. Entity Namo **Secretary of State** SEA-N-SEA CHARTERS, LLC Principal Place of Business Mailing Address 2134 SUNNYDALE BLVD. CLEARWATER FL 33765 2134 SUNNYDALE BLVD. **CLEARWATER FL 33765** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 20-4151728 Not Applicable Zip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLOPFER, ERICH A Street Address (P.O. Box Number is Not Acceptable) 2134 SUNNYDALE BLVD. CLEARWATER FL 33765 Zip Codo 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES HTLF MGRM ☐ Delete HILLE Change Addition NAME KLOPFER, ERICH A NAME STREET ADDRESS 2134 SUNNYDALE BLVD. STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP CLEARWATER FL 33765 HILE ☐ Change Addition ☐ Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS U00000666584 CITY-ST-ZIP CITY-ST-ZIP 03/23/07-80077-013 50.00 Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-S1-ZIP IIIAE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-S1-ZIP CITY-ST-7/P TITLE ☐ Deleie TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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 logal offect 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.

ERICH A. KLOPFER 3/9/07 727-461-6060
ER, OR AUTHORIZED REPRESENTATIVE Date Daylors Proce 4