

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118813

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CLAIMSTAKER CHARTERS, LLC

## Current Principal Place of Business:

5933 TARPON GARDENS CIRCLE  
APT 202  
CAPE CORAL, FL 33914

## New Principal Place of Business:

1731 SE 40TH TERRACE  
CAPE CORAL, FL 33904

## Current Mailing Address:

5933 TARPON GARDENS CIRCLE  
APT 202  
CAPE CORAL, FL 33914

## New Mailing Address:

1731 SE 40TH TERRACE  
CAPE CORAL, FL 33904

FEI Number: 20-3979905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, SCOTT T  
5933 TARPON GARDENS CIR 202  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

BROWN, SCOTT T  
1731 SE 40TH TERRACE  
CAPE CORAL, FL 33904 US

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.

SIGNATURE:

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete  
Name: BROWN, SCOTT T  
Address: 5933 TARPON GARDENS CIRCLE, SUITE 202  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete  
Name: BROWN, BELINDA G  
Address: 5933 TARPON GARDENS CIRCLE, SUITE 202  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition  
Name: BROWN, SCOTT T  
Address: 1731 SE 40TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MM (X) Change ( ) Addition  
Name: BROWN, BELINDA G  
Address: 1731 SE 40TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT T BROWN SR

MM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date