



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-09-2007 90032 040 ****50.00

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DOCUMENT # L06000002546			
1. Entity Name ORION CHARTERS, LLC			
Principal Place of Business 3574 LOIRE LANE PALM BEACH GARDENS FL 33410		Mailing Address 3574 LOIRE LANE PALM BEACH GARDENS FL 33410	
2. Principal Place of Business - No P.O. Box # 600 Village Square Crossing Suite, Apt. #, etc. J		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State	
Zip 33410	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LAWRENCE S. KLITZMAN, P.A. 2200 NORTH COMMERCE PARKWAY, SUITE 206 WESTON FL 33326		4. FEI Number 20-4103423	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE _____		DATE _____	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WATER'S EDGE MARKETING, INC. 3600 VILLAGE SQUARE CROSSING #101 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	600 Village Square Crossing #101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 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: 		Theodore Schiff, MD 4/26/07 561-694-9493	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	