

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002546

Entity Name: ORION CHARTERS, LLC

**FILED**  
**Jan 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

600 VILLAGE SQUARE CROSSING  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

600 VILLAGE SQUARE CROSSING  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 20-4103423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIFT, TED MD  
600 VILLAGE SQ CROSSING  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

SCHIFF, TED MD  
600 VILLAGE SQ CROSSING  
PALM BEACH GARDENS, FL 33410 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: TED SCHIFF, MD

01/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WATER'S EDGE MARKETI, NG, INC.  
Address: 600 VILLAGE SQUARE CROSSING #101  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TED SCHIFF MD

RA

01/22/2009

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