


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90365 016 ***150.00

DOCUMENT # L06000018348					
1. Entity Name INDIAN PASS CHARTERS LLC					
Principal Place of Business 196 S OAK STREET PORT ST JOE, FL 32456 US			Mailing Address P O BOX 322 APALACHICOLA, FL 32329 US		
2. Principal Place of Business - No P.O. Box # 6982 Max Fleming Rd.		3. Mailing Address 6982 Max Fleming Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wewahitchka FL		City & State Wewahitchka FL		4. FEI Number 04242007 Chg-LLC CR2E083 (12/06)	
Zip 32465	Country Gulf	Zip 32465	Country Gulf	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WATKINS, STEVE M III ESQ 41 COMMERCE STREET APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name Cynthia R. Mullen Street Address (P.O. Box Number is Not Acceptable) 6982 Max Fleming Rd. City Wewahitchka FL Zip Code 32465		
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 Cynthia R. Mullen DATE 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS:			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, DANIEL B P O BOX 322 APALACHICOLA, FL 32329		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mgr. Fletcher, Gregory F. 6982 Max Fleming Rd. Wewahitchka, Florida 32465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLETCHER, GREGORY F 196 S OAK STREET PORT ST JOE, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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	
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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-28-07 850-827-2515 <small>Date Daytime Phone #</small>		