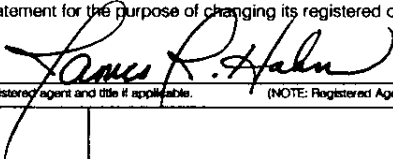
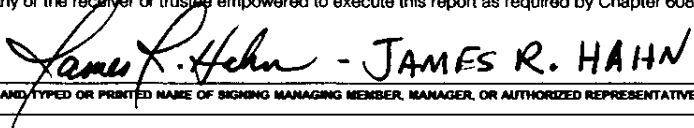


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 046 ****50.00

DOCUMENT # L06000030726 1. Entity Name JAMES R. HAHN CHARTERS, LLC					
Principal Place of Business 49 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960 ↓			Mailing Address 49 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960 ↓		
2. Principal Place of Business - No P.O. Box # 5045 FAIRWAYS CIRCLE		3. Mailing Address 5045 FAIRWAYS CIRCLE			
Suite, Apt. #, etc. D107		Suite, Apt. #, etc. D107			
City & State VERO BEACH FL		City & State VERO BEACH FL		4. FEI Number 42-1699343	
Zip 32967 Country USA		Zip 32967 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAHN, JAMES R 7537 15TH LANE VERO BEACH, FL 32966			7. Name and Address of New Registered Agent Name JAMES R. HAHN Street Address (P.O. Box Number is Not Acceptable) 10765 W BEACH PKWY City LAKE WALES FL Zip Code 33898		
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  DATE April 26, 2007 <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	MGRM HAHN, JAMES R 7537 15TH LANE VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) 10765 W BEACH PKWY LAKE WALES FL 33898
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAHN, KAY 7537 15TH LANE VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) 10765 W BEACH PKWY LAKE WALES FL 33898
		<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:  - JAMES R. HAHN Date April 26, 2007 Daytime Phone # 772 713 9703 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					