

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90027 003 \*\*\*\*50.00

00004048



03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4660822 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000036227

1. Entity Name  
BLUE WATER CHARTERS OF ISLAMORADA, L.L.C.



Principal Place of Business  
12650 NEW BRITTANY BOULEVARD  
FORT MYERS, FL 33907

Mailing Address  
12650 NEW BRITTANY BOULEVARD  
FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #  
12650 New Brittany Blvd  
Suite, Apt. #, etc. Ste 102B  
City & State Ft Myers FL  
Zip 33907 Country USA

3. Mailing Address  
12650 New Brittany Blvd  
Suite, Apt. #, etc. Ste 102B  
City & State Ft Myers FL  
Zip 33907 Country USA

6. Name and Address of Current Registered Agent  
SCARBROUGH, JOHN R  
12650 NEW BRITTANY BOULEVARD  
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent  
Name Scarborough, John R  
Street Address (P.O. Box Number is Not Acceptable) 12650 New Brittany Blvd Ste 102B  
City Ft Myers FL Zip Code 33907

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 [Signature] John R Scarborough, mgen DATE 4/2/07  
(Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SCARBROUGH, JOHN R<br>5312 SW 28TH PLACE<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SCARBROUGH, KAREN<br>5312 SW 28TH PLACE<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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] John R Scarborough DATE 4/2/07 Daytime Phone # 239-482-4663  
(Signature and typed or printed name of signing managing member, manager, or authorized representative)