

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-14-2007 90218 020 ****50.00



DOCUMENT # L06000064747
1. Entity Name
PRINCESS CHARTERS, LLC

| | |
|---|---|
| Principal Place of Business 2195 REYNARD PLACE MERRITT ISLAND, FL 32952 | Mailing Address 2195 REYNARD PLACE MERRITT ISLAND, FL 32952 |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # 660 Glenwood Dr | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--|-----------------------|------------------------------------|--|
| City & State Cocoa Brevard, FL | City & State | 4. FEI Number 20-5195725 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32920 | Country USA | Zip | Country |

01132007 Chg-LLC CR2E083 (12/06)

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

6. Name and Address of Current Registered Agent

**SHAFFER, CHARLES JR.
2195 REYNARD PLACE
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 **Charles E. Shaffer Sr.** 1/13/07
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|--|
| 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 | | <input type="checkbox"/> Delete | TITLE NAME | MGR Charles Shaffer Sr 2195 Reynard Pl. Merritt Island, FL 32952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | MGR Charles Shaffer III 2195 Reynard Pl. Merritt Island, FL 32952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | MGR Craig Shaffer 631 Cressa Circle Cocoa, FL 32926 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: **Charles E. Shaffer Sr.** 1/13/07 321-960-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #