


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	
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Principal Place of Business 2195 REYNARD PLACE MERRITT ISLAND, FL 32952	Mailing Address 2195 REYNARD PLACE MERRITT ISLAND, FL 32952
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2. Principal Place of Business - No P.O. Box # 660 Glenview Dr	3. Mailing Address Suite, Apt. #, etc.
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 <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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* Charles E. Shaffer 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Charles Shaffer Sr 2195 Reynard Pl. Merritt Island, FL 32952	
		MGR Charles Shaffer III 2195 Reynard Pl. Merritt Island, FL 32952	
		MGR Craig Shaffer 631 Cressa Circle Cocoa, FL 32926	

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.* 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 #