2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L06000069960

Entity Name: TY - RY CHARTER'S, LLC

Current Principal Place of Business:

3130 SE GRAN PARKWAY
STUART, FL 34997

New Principal Place of Business:

105 SOUTH SHORE RD
STUART, FL 34994

Current Mailing Address:

3130 SE GRAN PARKWAY
STUART, FL 34997

New Mailing Address:

105 SSOUTH SHORE RD
STUART, FL 34994

FEI Number: 20-5272632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLRIEGEL, PHILIP L
3130 SE GRAN PARKWAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

HELLRIEGEL, PHILIP L
105 SOUTH SHORE RD
STUART, FL 34994 US

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.

SIGNATURE: _____ 04/08/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HELLRIEGEL, PHILIP L
Address: 3130 SE GRAN PARKWAY
City-St-Zip: STUART, FL 34997

Title: MGR ( ) Delete
Name: HELLRIEGEL, RYAN
Address: 11 CASTLE HILL WAY
City-St-Zip: SEWALLS POINT, FL 34996

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HELLRIEGEL, PHILIP L
Address: 105 SOUTH SHORE RD
City-St-Zip: STUART, FL 34994

Title: MGR (X) Change ( ) Addition
Name: HELLRIEGEL, RYAN
Address: 105 SOUTH SHORE RD
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP L.HELLRIEGEL MGR 04/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date