

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90190 014 \*\*\*\*50.00

<b>DOCUMENT # L06000110527</b> 1. Entity Name <b>CONCH REPUBLIC CHARTERS LLC</b>					
Principal Place of Business <b>300 2ND TERRACE KEY LARGE, FL 33037</b>			Mailing Address <b>300 2ND TERRACE KEY LARGE, FL 33037</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>20-5845440</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HERMANN, ROBERT A 300 2ND TERRACE KEY LARGE, FL 33037</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HERMANN, FRED L 300 2ND TERRACE KEY LARGE, FL 33037</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HERMANN, ROBERT A 300 2ND TERRACE KEY LARGE, FL 33037</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HERMANN, ELLEEN H 300 2ND TERRACE KEY LARGE, FL 33037</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 606, Florida Statutes.					
<b>SIGNATURE:</b>			Date <b>3/1/07</b> Daytime Phone # <b>305-451-2877</b>		