2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State
05-28-2008 90140 009 ***138.75

DOCUMENT # L06000110527

1. Entity Name
CONCH REPUBLIC CHARTERS LLC

Principal Place of Business	Mailing Address
300 2ND TERRACE KEY LARGE, FL 33037	300 2ND TERRACE KEY LARGE, FL 33037

DO NOT WRITE IN THIS SPACE

04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5845440
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERMANN, ROBERT A
300 2ND TERRACE
KEY LARGE, FL 33037

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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 Robert A Hermann DATE 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HERMANN, FRED L
STREET ADDRESS	300 2ND TERRACE
CITY-ST-ZIP	KEY LARGE, FL 33037
TITLE	MGRM
NAME	HERMANN, ROBERT A
STREET ADDRESS	300 2ND TERRACE
CITY-ST-ZIP	KEY LARGE, FL 33037
TITLE	MGRM
NAME	HERMANN, ELLEEN H
STREET ADDRESS	300 2ND TERRACE
CITY-ST-ZIP	KEY LARGE, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert A. Hermann 6/20/08 305-451-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Corrected