

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000542

FILED
Apr 23, 2008
Secretary of State

Entity Name: BACKWATER FISHING CHARTERS, LLC

Current Principal Place of Business:

3652 TERRAPIN LANE
UNIT #1301
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

3652 TERRAPIN LANE
UNIT #1301
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 20-8197134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINI, VINCENT P
3652 TERRAPIN LANE
UNIT #1301
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: BINI, VINCENT P
Address: 3652 TERRAPIN LANE UNIT #1301
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: SEC. () Delete
Name: BINI, VINCENT P
Address: 3652 TERRAPIN LANE UNIT #1301
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: TREA () Delete
Name: BINI, VINCENT P
Address: 3652 TERRAPIN LANE UNIT #1301
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VINCENT P. BINI

CEO

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date