

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043000

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CONTESSA CHARTERS LLC

**Current Principal Place of Business:**

3571 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

1437 NE 4 AVENUE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

3571 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

**New Mailing Address:**

524 ISLE OF CAPRI DRIVE  
FORT LAUDERDALE, FL 33301

**FEI Number:** 20-8892664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, BRIAN  
25 UNIVERSITY DRIVE #215  
PLANTATION, FL 33324 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: MGRM  
Name: BATES, JAMES T  
Address: 524 ISLE OF CAPRI DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM  
Name: BATES, CATIA  
Address: 524 ISLE OF CAPRI DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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: JAMES T. BATES

MGRM

03/15/2011

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