

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

03-14-2008 90205 043 ***138.75

DOCUMENT # L07000108447 1. Entity Name FELICIA CHARTER, LLC					
Principal Place of Business 510 NORTH LAKE WAY PALM BEACH, FL 33480			Mailing Address C/O D. ROBERT BUCCINI 322 A STREET, SUITE 200 WILMINGTON, DE 19801-5355		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01172008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 26-1302642	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HAFT, STUART J ESQ. C/O ALLEY MAASS ROGERD & LINDSAY, P.A. 340 ROYAL POINCIANA WAY, SUITE 321 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCCINI, D. ROBERT 510 NORTH LAKE WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCCINI, BERNADETTE D 510 NORTH LAKE WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCCINI, BERNADETTE D 510 NORTH LAKE WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCCINI, BERNADETTE D 510 NORTH LAKE WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCCINI, BERNADETTE D 510 NORTH LAKE WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
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: <i>Bernadette D Buccini</i>			1/17/08 302.691.2047		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		