

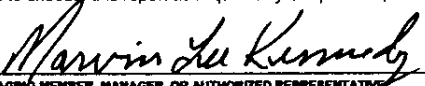


2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000041171					
1. Entity Name DON'T LET GO CHARTER BOAT LLC					
Principal Place of Business 932 LAKE DRIVE, NICEVILLE, FLORIDA			Mailing Address 932 LAKE DRIVE, NICEVILLE, FLORIDA		
2. Principal Place of Business - No P.O. Box # 1592 S.E. 2ND CT.		3. Mailing Address 1592 S.E. 2ND CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CRYSTAL RIVER, FLORIDA		City & State CRYSTAL RIVER, FLORIDA		4. FEI Number 26-2476944	
Zip 34429		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Business Filings Incorporated		Name			
1203 Governors Square Blvd. Suite 101		Street Address (P.O. Box Number is Not Acceptable)			
Tallahassee, FL		City			
32301-2960		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARVIN LEE KENNEDY 932 LAKE DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARVIN LEE KENNEDY 1592 S.E. 2ND CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA KENNEDY 932 LAKE DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA KENNEDY 100 STONEWALL DRIVE EASLEY, S.C. 29642	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MLK, INC 932 LAKE DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MLK, INC 100 STONEWALL DRIVE EASLEY, S.C. 29642	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300151449803 04/21/09--01010--032 **143.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 608, Florida Statutes.					
SIGNATURE: MARVIN LEE KENNEDY  4/7/09 864-884-3086					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					