

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014262

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** FLAT BROKE CHARTERS, LLC

**Current Principal Place of Business:**

100 CORTEZ DRIVE  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

100 CORTEZ DRIVE  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BOURNE, GUY B  
100 CORTEZ DRIVE  
ISLAMORADA, FL 33036    US

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

BOURNE, BRIAN B  
100 CORTEZ DRIVE  
ISLAMORADA, FL 33036    US

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: GUY BOURNE

02/16/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOURNE, GUY B  
Address: 100 CORTEZ DRIVE  
City-St-Zip: ISLAMORADA, FL 33036

Title: MGR  
Name: BOURNE, BRIAN B  
Address: 100 CORTEZ DRIVE  
City-St-Zip: ISLAMORADA, FL 33036

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: GUY BOURNE

MGRM

02/16/2010

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