

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000854

FILED
Jul 16, 2008
Secretary of State

Entity Name: MIAMI INTERNATIONAL CHARTERS LLC

Current Principal Place of Business:

2929 E. COMMERCIAL BLVD., SUITE 409
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

2375 NE 29 ST
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

2929 E. COMMERCIAL BLVD., SUITE 409
FT. LAUDERDALE, FL 33308

New Mailing Address:

2375 NE 29 ST
LIGHTHOUSE POINT, FL 33064

FEI Number: 65-0855994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REPOSA, RICHARD A
2929 E. COMMERCIAL BLVD., SUITE 409
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

REPOSA, RICHARD A
2375 NE 29 ST
LIGHTHOUSE POINT, FL 33064 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:

07/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REPOSA, RICHARD A
Address: 2929 E. COMMERCIAL BLVD., SUITE 409
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REPOSA, RICHARD A
Address: 2375 NE 29 ST
City-St-Zip: LIGHTHOUSE PT, FL 33064

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: RAR

P

07/16/2008

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