
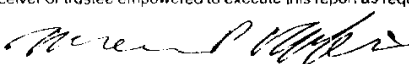


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 4/9/21 99 SEP 21 AM 9:41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company BALF CHARTERS, L.L.C. 8191 N. TAMIAMI TRAIL SARASOTA FL 34243		DOCUMENT # L98000002105			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/02/1998 4. FEI Number 05-0920978 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent BERGER, DAVID W 8191 N. TAMIAMI TRAIL SARASOTA FL 34243		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002998552--3 -09/22/99--01044--005 City FL ****CAG Code****588.75			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE		DATE			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGR BERGER, DAVID W MEM Famiglio, Mark P.		8191 N. TAMIAMI TRAIL 1217 mandalay PL		SARASOTA FL Sarasota FL	
11. I declare by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Date: _____ Designation: _____			