


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002105		
1. Entity Name MARCO CHARTERS, LLC		
Principal Place of Business 1634 MAIN STREET SARASOTA, FL 34236	Mailing Address P.O. BOX 3319 SARASOTA, FL 34230	
6. Name and Address of Current Registered Agent FAMIGLIO, GEORGE CPA 1634 MAIN STREET SARASOTA, FL 34236		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
(NOTE: Registered Agent signature required when reinstating)		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAMIGLIO, MARK P 1634 MAIN STREET SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
Date _____ <small>Date</small>		
Daytime Phone # _____ <small>Daytime Phone #</small>		



04292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0920978	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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05/04/05-80131-011 50.00