

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000002075

1. Entity Name
FLORIDA CHARTER BOAT HOLDINGS, L.C.



**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

05 APR -4 AM 11:25

Principal Place of Business
**1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

Mailing Address
**1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

[Handwritten signature]



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3568457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLEIMAN, ELI T JR
1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
**MGRM
SLEIMAN, ELI T JR
1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**100050667991
04/13/05--01058--010 **50.00**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby 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 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: *[Handwritten signature]*

Eli T. Sleiman, Jr.

1/19/05

904/731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #