2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L99000002945

EAST COAST MARINE CHARTERS, LLC



Principal Place of Business

350 E. LAS OLAS BLVD. 2400 E. LAS BLVD PMA 105 SUITE 1400

FT. LAUDERDALE, FL 33301

Mailing Address 2400 E. LAS CLAS BUIL

SUITE 1400 PMB 105 FT. LAUDERDALE, FL 33301

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90441 019 ****55.00



03262007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | Applied For |
|----------------------------------|-------------------|
| 52-2184758 | Not Applicabl |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

FLYNN, JOHN J'ESO.

SUITE 1400 PLAS BLVD. RUB 105

FT LAUDERDALE, RL 33301

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| 8. The above named entity submits this statement for the purpose of the the obligations of registered agent. | anging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|--|---|--|
| SIGNATURE Signature hyperbo parties name of registered agencing title it supplicables | (NOTE_Registered Agent signature required when reinstating) | 3/26/07 DATE |
| Filing Fee is \$50.00 | | |

Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|-----------------|---|
| 'iitt | MGRM |
| NAME | FLYNN, JOHN J 2400 E.LAS OLAS BLVD, ALE 105 |
| STREET ADDRESS | 350 E. LAS OLAS BLVD SUITE 1400 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| 11. | Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 |
| | Irrited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes |
| | the second of th |

SIGNATURE:

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