

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005588

1. Entity Name
POSH CHARTERS, L.L.C.

FILED

01 MAY -1 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
901 VENETIA BAY BOULEVARD, SUITE 300
VENICE FL 34292

Mailing Address
901 VENETIA BAY BOULEVARD, SUITE 300
VENICE FL 34292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0954523		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

TURNER, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
FILE NO. W!!!! FEE IS \$50.00		300004287553--1			
Make Check Payable to Department of State		-05/22/01--01083--013			
		*****50.00 *****50.00			

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, RICHARD J 901 VENETIA BAY BOULEVARD, SUITE 300 VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *[Signature]* 4/30/01 (941) 493-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0022698 AF

CR2E083 (11/00)