

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90076 017 \*\*\*\*50.00

**DOCUMENT # M01000000443**

1. Entity Name

REDMAN CHARTERS, L.L.C.



Principal Place of Business

780 WEST BELDEN AVENUE, SUITE D  
ADDISON IL 60101

Mailing Address

780 WEST BELDEN AVENUE, SUITE D  
ADDISON IL 60101

2. Principal Place of Business

9216 SPRING VALLEY RD

3. Mailing Address

9216 SPRING VALLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FLORIDA

City & State

ENGLEWOOD, FLORIDA

Zip

34224

Country

U.S.A.

Zip

34224

Country

U.S.A.

4. FEI Number

36-4427668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLABEN, FRED  
31 BAYSHORE CIR  
PLACIDA FL 33946

7. Name and Address of New Registered Agent

Name **FRED KLABEN**

Street Address (P.O. Box Number is Not Acceptable)

9216 SPRING VALLEY ROAD

City **ENGLEWOOD**

**FL**

Zip Code

**34224**

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

*Fred J. Klaben*

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/04**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **KLABEN, FRED J**  
STREET ADDRESS **780 WEST BELDEN AVENUE, SUITE D**  
CITY-ST-ZIP **ADDISON IL 60101**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **KLABEN, FRED J**  
STREET ADDRESS **9216 SPRING VALLEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Fred J. Klaben*

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

Date

**4/27/04**

Daytime Phone #

**941-698-0536**