


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90009 042 \*\*\*\*50.00

<b>DOCUMENT # M01000000443</b>	
1. Entity Name <b>REDMAN CHARTERS, L.L.C.</b>	

Principal Place of Business <b>9216 SPRING VALLEY RD ENGLEWOOD FL 34224 US</b>	Mailing Address <b>9216 SPRING VALLEY RD ENGLEWOOD FL 34224 US</b>
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**20037259**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business <b>9216 Spring Valley Rd</b>	3. Mailing Address <b>9216 Spring Valley Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Englewood FL</b>	City & State <b>Englewood, FL</b>
Zip <b>34224</b>	Zip <b>34224</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>36-4427668</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KLABEN, FRED 9216 SPRING VALLEY ROAD. ENGLEWOOD FL 34224</b>	
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7. Name and Address of New Registered Agent	
Name <b>Fred Klaben</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9216 Spring Valley Road</b>	
City <b>Englewood</b>	FL Zip Code <b>34224</b>

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 <b>Fred J. Klaben</b>	DATE <b>4/12/2005</b>

<p><b>FILE NOW!!! FEE IS \$50.00</b></p> <p><b>Make Check Payable to Florida Department of State</b></p> <p><b>Due By May 1, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGR KLABEN, FRED J 9216 SPRING VALLEY ROAD ENGLEWOOD FL 34224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <b>Fred J. Klaben</b>	DATE <b>4/12/2005</b>	DAYTIME PHONE # <b>944-698-0480</b>
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