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DOCU	MENT # M990	00002094						429
1	SPORTFISHING CHARTERS	S, LLC			FILEMED			
Principal Place of Business Mailing Address					01 FEB @7FEB1116: 0991 10: 09			
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116 MORNINGSIDE RD. P.O. BOX 866 VENICE FL 34293 VENICE FL 34284				TALL	SECRESERREJABITADE STATE TALLA HANSSEHARSONIUM ORIDA			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	4. FEI Number 65-0523569 Applied For Not Applicable:			
Zip	Country	Zíp	Country	5. Cert	ificate of Status Desired	\$5.00 Add		
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New Registere	d Agent		7
CAONA	MAROO		Name					
GAONA, MARCO 116 MORRINGSIDE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
VENICE FL 34293							· -	1
TEMOE I	F 01500		City	· 	<u></u>	Zip Cod		1
				<u> </u>				4
8. The above	named entity submits this statement for	r the purpose of changing its r	egistered office or reg	gistered agent,	or both, in the State of Florida.			
SIGNATURE		1						
·· 	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstat		5956	000	1
		FILE NO	W!!! FEE IS \$50.	.00	-02/13/01~ *****55.0	-U1022 [] ※※※※※	-UU7 :55,00	1
		Make Check Pay	able to Departme	nt of State		J	-00100	1
9.	/ MANAGING MEMBE	I ERS/MEMBERS	10.	<u>-</u>	ADDITIONS/CHANGE	ES	<u>_</u> .	1
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NAME STREET ADDRESS	KING, JAMES		NAME STREET ADDRESS					E
CITY-ST-ZIP	20481 HWY. M-60 THREE RIVERS MI 49093		CITY-ST-ZIP			4		R2E083 (11/00)
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NAME	GAONA MARCO		NAME			.7		0
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
11. I hereby of indicated limited lial	ertify that the information supplied with on this report is true and accurate and I bility company or the receiver or truster	this filing does not qualify for that my signature shall have the empowered to execute this re	he exemption stated i e same legal effect as port as required by C	n Section 119. s if made under hapter 608, Flo	07(3)(i), Florida Statutes. I further c r oath; that I am a managing meml rida Statutes.	ertify that the in per or manage	nformation r of the	
SIGNAT	URE: AND TYPED OR PRINTED NAME OF	ao-2-a	GER OB AUTHORIZED REPO	2	-2-01 94	14882	1311	
			OIS AG IN ONIALD REP		Pero	Daytime Phone #		I.