


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000707
1. Entity Name
CHARLIE'S 40, LTD.



Principal Place of Business
**7777 GLADES ROAD, SUITE 310
BOCA RATON FL 33434**


Mailing Address
**7777 GLADES ROAD, SUITE 310
BOCA RATON FL 33434**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **65-0915286**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHARLIE'S 40, INC.
7777 GLADES ROAD, SUITE 310
BOCA RATON FL 33434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.


11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000038959	STREET ADDRESS	
NAME	CHARLIE'S 40, INC.	CITY-ST-ZIP	
STREET ADDRESS	7777 GLADES ROAD, SUITE 310		
CITY-ST-ZIP	BOCA RATON FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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05/03/04-80085-013 150.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Robert J. Schmier** **4/22/04** **561-483 8400**
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

STAPLE CHECK HERE