


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

508.75

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
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DO NOT WRITE IN THIS SPACE

01182006 No Chg-LP		CR2E003 (11/05)
4. FEI Number 65-0915286	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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

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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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

U00000519530  
 05/02/06-80056-016 508.75

**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	
DOCUMENT #	P99000038959
NAME	CHARLIE'S 40, INC.
STREET ADDRESS	7777 GLADES ROAD, SUITE 310
CITY-ST-ZIP	BOCA RATON, FL 33434
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4.13.06** **561/4838400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Robert J. Schmier, Pres.