


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000017042</b> 1. Entity Name <b>CHARLESTON CENTER, LLC</b>	
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Principal Place of Business <b>3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160</b>	Mailing Address <b>3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160</b>
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01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0635632</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>MONTECALVO, MARIO J 3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160</b>
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**DO NOT WRITE  
IN THIS SPACE**

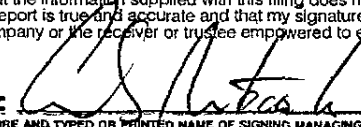
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE <b>1/16/05</b>
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MONTECALVO, MARIO J 3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160</b>
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**U000000211492  
02/02/05-80118-021 50.00**

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date <b>1/16/05</b> Daytime Phone # <b>306-201-3665</b>
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