2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017042

1. Entity Name
CHARLESTON CENTER, LLC

Principal Place of Business	Mailing Address
3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160	3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

07142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0635632

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTECALVO, MARIO J
3702 NE 171 STREET, UNIT #9
NORTH MIAMI BEACH, FL 33160

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.

U00000167815
07/22/04-80010-004 50.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 5, 2004

~~U00000167815~~
~~07/22/04-80010-004 183.75~~

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MONTECALVO, MARIO J
STREET ADDRESS	3702 NE 171 STREET, UNIT #9
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ July 14 2004 786-306-7830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — DATE — Daytime Phone #