

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # L02000017042 1. Entity Name CHARLESTON CENTER, LLC	
---	---

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



01112005No Chg-LLC

CR2E083 (10/03)

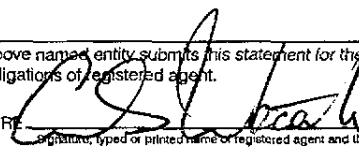
DO NOT WRITE IN THIS SPACE

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**

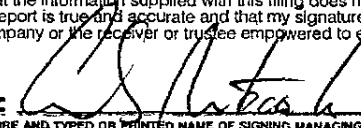
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/16/05

**Filing Fee is \$50.00
Due by May 1, 2005**

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

**U000000211492
02/02/05-80118-021 50.00**

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