

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90015 012 \*\*\*138.75

**DOCUMENT # M07000000536**

1. Entity Name  
**CHARTING ONE O' ONE, LLC**



Principal Place of Business  
**2742 SE 11 STREET  
 POMPAÑO BEACH FL 33062**

Mailing Address  
**2742 SE 11 STREET  
 POMPAÑO BEACH FL 33062**

2. Principal Place of Business - No P.O. Box #  
**434 NW 1 AVE**

3. Mailing Address  
**434 NW 1 AVE**

4. Suite, Apt. #, etc.  
**602**

City & State  
**FT Lauderdale FL**

City & State  
**FT Lauderdale FL**

Zip  
**33301**

Country

4. FEI Number  
**35-2287003**

Applied For  
 Not Applicable

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



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**DIANA, JACQUELINE M  
 2742 SE 11 STREET  
 POMPAÑO BEACH FL 33062**

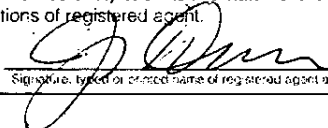
7. Name and Address of New Registered Agent

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 **2/28/08**

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when renewing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	DIANA, JACQUELINE M	2742 SE 11 STREET	POMPAÑO BEACH FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  DATE **4/20/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE