2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

DOCUMENT # A0100001552  1. Entity Name CHARTER REAL ESTATE, LTD.				SECRETARY OF STATE DIVISION OF C. ACCRATIONS  05 AUG 29 AM II: 06		
Principal Place of Business 1219 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			Mailing Address 1219 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			BIN B3311 85117 98181 (1851 81181 811)8 (18167) 81 (1831
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08222005 Chg-LP	CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number 59-2670462	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Des.	ired   \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
W. BRADLEY MUNROE, P.A. 239 VIRGINIA STREET TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)		
				City		FL Zip Code
	named entity submits this state ions of registered agent. Signature, typed or printed name of registi		ling its register	ed office or regist	tered agent, or both, in the State	of Florida. I am familiar with, and accept
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital in FLORIDA to date			A to date.		the limit prior no	ordance with s. 607.193(2)(b), F.S., ited partnership did not receive the otice.
	A GENERAL PART NOTE: General Partn	TNER THAT IS A BUSINES ers MAY NOT be changed	S ENTITY M on the form	IUST BE REGI n; an amendme	STERED AND ACTIVE WIT ent must be filed to change	H THIS OFFICE. e a general partner.
12. DOCUMENT #	GENERAL P	ARTNER INFORMATION	13.		ADDRES	S CHANGES ONLY
NAME STREET ADDRESS CITY-ST-ZIP	CHEWING, KIRK M 1219 MICCOSUKEE ROA TALLAHASSEE, FL 3230			EET ADDRESS  '-ST-ZIP		
DOCUMENT #	TALLAHASSEE, FL 3230	0	STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	70005 09/14/0501	9610847 1027006 **150.00
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY	-SI-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
morcated	certify that the information supp on this report is true and accur ver or trustee empowered to ex	rate and that my signatur <del>e</del> shall	i nave the sam	e legal effect as i	Section 119.07(3)(i), Florida Stat f made under oath; that I am a G	tutes. I further certify that the information General Partner of the limited partnership or
	URE: Kirle					_