

2007 LIMITED PARTNERSHIP ANNUAL REPORT
- Due By September 14, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 3:25

DOCUMENT # A14022

1. Entity Name
ST. CHARLES ASSOCIATES, LTD.



Principal Place of Business

**1001 U.S. HIGHWAY 1
JUPITER, FL 33458**

Mailing Address

**701 MAIDEN CHOICE LANE
BALTIMORE, MD 21228**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-2193189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F99000000725**
NAME **CHARLESTOWN COMMUNITY, INC.**
STREET ADDRESS **715 MAIDEN CHOICE LANE**
CITY-ST-ZIP **BALTIMORE, MD 21228**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M99000000178**
NAME **CHARLESTOWN COMMUNITY REAL ESTATE, LLC**
STREET ADDRESS **715 MAIDEN CHOICE LANE**
CITY-ST-ZIP **BALTIMORE, MD 21228**

STREET ADDRESS

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BLT

300106830469
07/24/07--01023--028 **700.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7-3-07 410-402-2404

STAPLE CHECK HERE