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# **2008 LIMITED PARTNERSHIP ANNUAL REPORT** **Due By May 1, 2008**

<b>DOCUMENT # A14022</b> 1. Entity Name <b>ST. CHARLES ASSOCIATES, LTD.</b>						<b>FILED</b> <b>08 MAY -6 AM 7:04</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1001 U.S. HIGHWAY 1</b> <b>JUPITER, FL 33458</b>				Mailing Address <b>701 MAIDEN CHOICE LANE</b> <b>BALTIMORE, MD 21228</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>59-2193189</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT # <b>F99000000725</b> NAME <b>CHARLESTOWN COMMUNITY, INC.</b> STREET ADDRESS <b>715 MAIDEN CHOICE LANE</b> CITY-ST-ZIP <b>BALTIMORE, MD 21228</b>				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # <b>M99000000178</b> NAME <b>CHARLESTOWN COMMUNITY REAL ESTATE, LLC</b> STREET ADDRESS <b>715 MAIDEN CHOICE LANE</b> CITY-ST-ZIP <b>BALTIMORE, MD 21228</b>				STREET ADDRESS CITY-ST-ZIP			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <b>4-29-08</b> Daytime Phone # <b>410-402-2404</b>			

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