# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 11:04

DOCUMENT # L00000013205

1. Entity Name

CHARDE PARTNERSHIP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JAMES KARL & ASSOCIATES, P.A.<br>971 NORTH COLLIER BLVD.<br>MARCO ISLAND FL 34145<br>US | C/O JAMES KARL & ASSOCIATES, P.A.<br>971NORTH COLLIER BLVD.<br>MARCO ISLAND FL 34145<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| CHARDE PSHIP LLC | MARCO IS., FLA. |
| Suite, Apt. #, etc.<br>P.O. Box 668 | Suite, Apt. #, etc.<br>#523 LA PEN. BLVD |
| City & State<br>MARCO ISLAND, FLA | City & State<br>P.O. 668 |
| Zip / Country<br>34146 / COLLIER | Zip / Country<br>34146 / COLLIER BTY. |

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3680922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARETTA, ROBIN
C/O JAMES KARL & ASSOCIATES, P.A.
971 N COLLIER BOULEVARD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: WILLIAM P. SHAUGHNESSY

Street Address (P.O. Box Number is Not Acceptable): #523 LA PENINSULA BLVD.,

P.O. BOX 668

City: MARCO ISLAND FL Zip Code: 34146

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] 6-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State.**
**Due By May 1, 2006**

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| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CHARDE, JOSEPH B<br>18132 ROYAL HAMMOCK BLVD<br>NAPLES FL 34114 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BRIAN R. GLYNN<br>169 GODFREY Rd.,<br>LUDLOW, VT. 05149 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DUQUET, ALLEN R<br>P.O. BOX 2166E<br>MARCO ISLAND FL 34146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KELLY E. BARREIRA<br>7 MASON PLACE,<br>FOXBORO, MASS. 02035 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KATHLEEN CIPRESS)<br>15 WREN DR.,<br>SUFFIELD, CONN. 06078 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BRIAN R GLYNN TR<br>154 BERKSHIRE AVE.,<br>SOUTHWICK, MASS. 01077 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | KERRI JENKINS<br>32 BARBERRY LANE<br>STRATFORD, N.H. 03884 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHARD. GROUP.<br>P.O. Box 668<br>MARCO ISLAND, FLA 34146 | ☐ Change ☒ Addition |

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:** [signature] 6/16/06 802-228-5794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #