2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000014170

1. Entity Name
PSDC PROPERTIES AT CHARLESTON PARK, LLC

Principal Place of Business	Mailing Address
13035 TAMIAMI TR NORTH PORT, FL 34287	13035 TAMIAMI TR NORTH PORT, FL 34287

DO NOT WRITE IN THIS SPACE

04272004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1074721	Not Applicable

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

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R
18401 MURDOCK CIR.
PORT CHARLOTTE, FL 3348

DO NOT WRITE IN THIS SPACE

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   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHIPPS, PETER E
STREET ADDRESS	227 WOODINGHAM LANE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	V
NAME	SHIPPS, KAREN
STREET ADDRESS	227 WOODINGHAM LANE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4-27-04   941-423-531(

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #