


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014170
 1. Entity Name
 PSDC PROPERTIES AT CHARLESTON PARK, LLC



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

DO NOT WRITE IN THIS SPACE



03162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1074721	Applied For Not Applicable
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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

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

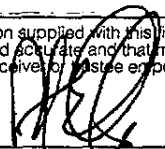
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIPPS, PETER E 227 WOODINGHAM LANE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHIPPS, KAREN 227 WOODINGHAM LANE VENICE, FL 34292
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 04/02/05-80056-018 50.00

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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:  04/02/05 941-423-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #