


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000014170 1. Entity Name PSDC PROPERTIES AT CHARLESTON PARK, LLC	
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Principal Place of Business 13035 TAMiami TR NORTH PORT, FL 34287	Mailing Address 13035 TAMiami TR NORTH PORT, FL 34287
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DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1074721	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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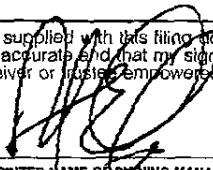
**Filing Fee is \$50.00
Due by May 1, 2006**

8. 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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U00000534552
05/08/06-80016-017 50.00

11. 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 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:  Peter E. Shipps	Date: 4/26/06	Daytime Phone #: 941-423-5311
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