

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005946

Entity Name: CHARLOTTE ES PROPERTIES, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

23970 SUNCOAST BLVD.
PORT CHARLOTTE, FL 33980

New Principal Place of Business:**Current Mailing Address:**

1133 BAL HARBOR BLVD. #1139
PMB 310
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1096983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMONTREE, JAMES S
Address: 3161 HARBOR BLVD. UNIT C
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM () Delete
Name: MOOPER, MOIDEEN
Address: 2400 HARBOR BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM () Delete
Name: JOSEPH, SOVE
Address: 2400 HARBOR BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JOSEPH, SOVI
Address: 2400 HARBOR BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES AMONTREE

DR

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date