


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016903 1. Entity Name MEL'S PORT CHARLOTTE, L.C.	
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Principal Place of Business 2180 IMMOKALEE ROAD, SUITE 316 NAPLES, FL 34110	Mailing Address 2180 IMMOKALEE ROAD, SUITE 316 NAPLES, FL 34110
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04132004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 NORTH TAMiami TRAIL SUITE 300 NAPLES, FL 34103
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000127551
04/26/04-20002-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAKOSTA, CHRIS J 2180 IMMOKALEE ROAD, SUITE 316 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMAL, ROMAN R 2180 IMMOKALEE ROAD, SUITE 316 NAPLES, FL 34110
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-20-04

239-546-7955

Chris Karakosta