

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 026 \*\*\*\*50.00

|  |  |  |   |
|--|--|--|---|
| DOCUMENT # L01000019712  |  |   |   |
| 1. Entity Name<br>CHARLES COURT, L.L.C.  |  |  |   |
| Principal Place of Business<br>338 1ST AVENUE N<br>ST PETERSBURG, FL 33701   |  | Mailing Address<br>338 1ST AVENUE N<br>ST PETERSBURG, FL 33701   |   |
| 2. Principal Place of Business - No P.O. Box #<br>415 1st Avenue North<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>415 1st Avenue North<br>Suite, Apt. #, etc.  |   |
| City & State<br>St. Petersburg, FL   |  | City & State<br>St. Petersburg, FL   |   |
| Zip<br>33701   |  | Country<br>USA   |   |
| 4. FEI Number<br>90-0009220  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>RAHDERT, GEORGE K<br>535 CENTRAL AVE<br>ST PETERSBURG, FL 33701   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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  |  | DATE   |   |
| Signature, typed or printed name of registered agent and title if applicable   |  | (NOTE: Registered Agent signature required when reinstating)   |   |
| Filing Fee is \$50.00<br>Due by September 14, 2007   |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>WEBB, DOROTHY T<br><del>100 4TH AVENUE</del> 405 Central Ave., Suite 250<br>ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: X <i>Doreen Webb</i>  |  | Date: 8/27/07 727-822-3743   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Daytime Phone #   |   |

