2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L02000012968

Entity Name: CHARLOTTE DEVELOPMENT II, LLC

Current Principal Place of Business:

C/O BURKHARD CORP. 777 S. FLAGLER DRIVE
WEST TOWER, 8TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

% BURKHARD CORP
175 PORTLAND ST
BOSTON, MA 02114

New Mailing Address:

FEI Number: 38-3680022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNDERSON, MIKO P ESQ.
18501 MURDOCK CIRCLE
PORT CHARLOTTE, FL 339481088 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: WISE, JOHN B
Address: 175 PORTLAND STREET
City-St-Zip: BOSTON, MA 02114

Title: MGRM ( ) Delete
Name: PIZZUTI, DONATO F
Address: 175 PORTLAND STREET
City-St-Zip: BOSTON, MA 02114

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WISE, JOHN B
Address: 175 PORTLAND STREET
City-St-Zip: BOSTON, MA 02114

Title: MGRM (X) Change ( ) Addition
Name: PIZZUTI, DONATO F
Address: 197 PORTLAND STREET
City-St-Zip: BOSTON, MA 02114

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN B WISE MGR 04/26/2006

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