

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012969

Entity Name: CHARLOTTE DEVELOPMENT III, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

777 S. FLAGLER DRIVE
WEST TOWER 8TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

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

Current Mailing Address:

C/O BURKHARD CORP
175 PORTLAND STREET
BOSTON, MA 02114

New Mailing Address:

FEI Number: 38-3680023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDERSON, MIKO P
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

GUNDERSON, MIKO P
18501 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US

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: _____

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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: 197 PORTLAND STREET
City-St-Zip: BOSTON, MA 02114

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

MGRM

04/29/2005

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