## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L02000016208**

t. Entity Name

CHARLESTON PARK VILLA PROPERTIES, LLC



FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business

13035-A TAMIAMI TRAIL NORTH PORT, FL 34287 Mailing Address

13035-A TAMIAMI TRAIL NORTH PORT, FL 34287



04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 Applied For
56-2286994	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R ESQ 18401 MURDOCK CIR. PORT CHARLOTTE, FL 33948

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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_	Signature, typod or printed name of registered agent and title if applicable	(NOTE: Registered A	gent signature required when reinstating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIPPS, PETER E 227 WOODINGHAM LANE VENICE, FL 34292			465223344535 Say (2014-2016)7 (103 1 ) (20	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-2IP					

11. I hereby certify that the information sypplied with this filing does not qualify 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.27.04

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