

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016208

1. Entity Name

CHARLESTON PARK VILLA PROPERTIES, LLC



Principal Place of Business

13035-A TAMiami TRAIL
NORTH PORT, FL 34287

Mailing Address

13035-A TAMiami TRAIL
NORTH PORT, FL 34287



04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2286994

Applied For

Not Applicat

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHIPPS, PETER E
227 WOODINGHAM LANE
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SHIPPS, KAREN A
227 WOODINGHAM LANE
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000534554
05/08/06-80016-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:

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

Peter E. Shipps

4/25/06

941-423-5311

Date

Daytime Phone #