

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017042

1. Entity Name
CHARLESTON CENTER, LLC



Principal Place of Business
**3702 NE 171 STREET, UNIT #9
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**3702 NE 171 STREET, UNIT #9
NORTH MIAMI BEACH, FL 33160**



07142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0635632

Applied For
Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONTECALVO, MARIO J
3702 NE 171 STREET, UNIT #9
NORTH MIAMI BEACH, FL 33160**

**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 reissuing)

U00000167815

07/22/04 80010-004 50.00

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000167815

07/22/04 80010-004 163.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MONTECALVO, MARIO J
STREET ADDRESS	3702 NE 171 STREET, UNIT #9
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 68B, Florida Statutes.

SIGNATURE:

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

Mario J. Montecalvo

DATE

July 14 2004

Daytime Phone #

786-366-2830