


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017042 1. Entity Name CHARLESTON CENTER, LLC	
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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
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01112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

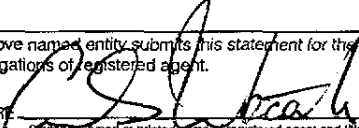
4. FEI Number 02-0635632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

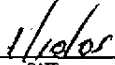
6. Name and Address of Current Registered Agent

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 

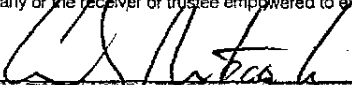

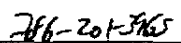
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTECALVO, MARIO J 3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH, FL 33160
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U00000211492
02/02/05-80118-021 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 608, Florida Statutes.

SIGNATURE:  DATE:  DAYTIME PHONE #: 

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