



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90034 009 ****50.00

DOCUMENT # L02000023438					
1. Entity Name CHARLOTTE BRIDGE, LLC					
Principal Place of Business 17600 COLLINS AVE NORTH MIAMI BEACH, FL 33160			Mailing Address 17600 COLLINS AVE NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business 3149 NE 163 Street Suite, Apt. #, etc. N/A City & State NORTH MIAMI BEACH, FL Zip 33160 Country U.S.A.		3. Mailing Address 3149 NE 163 Street Suite, Apt. #, etc. N/A City & State NORTH MIAMI BEACH, FL Zip 33160 Country U.S.A.			
					
04012004 Chg-LLC CR2E083 (10/03)		4. FEI Number 04-3718671			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR ESQ. 19550 BYSCAYNE BLVD STE 405 NORTH MIAMI, FL 33131			7. Name and Address of New Registered Agent Name GEORGE SAENZ CPA PA Street Address (P.O. Box Number is Not Acceptable) 43 SW 24 ROAD City MIAMI FL Zip Code 33129		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-8-04			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, ANDRES 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, ANDRES 3149 NE 163 STREET NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/8/2004		
Daytime Phone #			_____		