

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90072 007 ****55.00

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04232004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000025653 1. Entity Name CHARLOTTE HARBOR DEVELOPMENT, LLC					
Principal Place of Business 13435 S MCCALL RD PORT CHARLOTTE, FL 33981			Mailing Address 13435 S MCCALL RD PORT CHARLOTTE, FL 33981		
2. Principal Place of Business 13435 S. MCCALL RD		3. Mailing Address 989 TAMiami TR			
Suite, Apt. #, etc. SUITE #4		Suite, Apt. #, etc.			
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL			
Zip 33981	Country CHARLOTTE	Zip 33953	Country CHARLOTTE	4. FEI Number 57-1144313	
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 BAKER, MURRAY 13435 S MCCALL RD PORT CHARLOTTE, FL 33981			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GED, PAL 7959 SOUTH PACE 102 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BESHEARS, MARC TILLER TERRACE NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, GORDON M 13435 S MCCALL RD ENGLEWOOD, FL 33981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, THOMAS 9 MOUNTAIN TERRACE SKELMORI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'REGAN, PARICK 5 GREENHILLS LIMARK LIMARK, I	<input type="checkbox"/> Delete			
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)(l), 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>					
<small>Date</small>				<small>Daytime Phone #</small>	