

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000025653**

1. Entity Name  
**CHARLOTTE HARBOR DEVELOPMENT, LLC**



Principal Place of Business  
**13435 S MCCALL RD  
STE # 4  
PORT CHARLOTTE, FL 33981**

Mailing Address  
**989 TAMiami TR  
PORT CHARLOTTE, FL 33953**



01252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1144313**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BAKER, MURRAY  
13435 S MCCAL RD  
PORT CHARLOTTE, FL 33981**

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GED, PAL
STREET ADDRESS	7959 SOUTH PACE 102
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	MGRM
NAME	BESHEARS, MARC
STREET ADDRESS	TILLER TERRACE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	MGRM
NAME	BAKER, GORDON M
STREET ADDRESS	13435 S MCCALL RD
CITY-ST-ZIP	ENGLEWOOD, FL 33981
TITLE	MGRM
NAME	SMITH, THOMAS
STREET ADDRESS	9 MOUNTAIN TERRACE
CITY-ST-ZIP	SKELMORI, FL
TITLE	MGRM
NAME	O'REGAN, PARICK
STREET ADDRESS	5 GREENHILLS LIMARK
CITY-ST-ZIP	LIMARK, I
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/29/05-80057-005 55.00

**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 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:**

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

Date

Daytime Phone #