

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90151 039 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 1032 Tamiami Trail Suite, Apt. #, etc. Unit 7 City & State Port Charlotte, FL Zip 33953		3. Mailing Address 1032 Tamiami Trail Suite, Apt. #, etc. Unit 7 City & State Port Charlotte, FL Zip 33953			
Country USA		Country USA		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 Marc Beshears Street Address (P.O. Box Number is Not Acceptable) 1032 Tamiami Trail Unit 7 City Port Charlotte FL Zip Code 33953		
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 <u>Marc Beshears</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, GORDON M 13435 S MCCALL RD ENGLEWOOD, FL 33981	<input checked="" 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	MGRM SMITH, THOMAS 9 MOUNTAIN TERRACE SKELMORI, FL	<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	MGRM O'REGAN, PARICK 5 GREENHILLS LIMARK LIMARK, I	<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	MGRM 	<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	MGRM 	<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 exemptions contained in Chapter 119, 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: <u>Marc Beshears</u> 1/17/07 (41) 613-1738 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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