

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


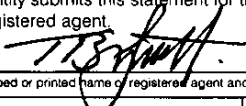
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2007 JUN -4 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000025653					
1. Entity Name CHARLOTTE HARBOR DEVELOPMENT, LLC					
Principal Place of Business 1032 TAMiami TR SUITE 7 PORT CHARLOTTE, FL 33953			Mailing Address 1032 TAMiami TR SUITE 7 PORT CHARLOTTE, FL 33953		
2. Principal Place of Business - No P.O. Box # 1200 WEST RETTA ESPANAOE SUITE, Apt. #, etc. UNIT # D6		3. Mailing Address SAME SUITE, Apt. #, etc.			
City & State Punta Gorda, FLORIDA		City & State		4. FEI Number 57-1144313	
Zip 33950	Country USA	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BESHEARS, MARC 1032 TAMiami TR UNIT 7 PORT CHARLOTTE, FL 33953			7. Name and Address of New Registered Agent Name THOMAS BYRNS SMITH Street Address (P.O. Box Number is Not Acceptable) 1200 WEST RETTA ESPANAOE # D6 Punta Gorda FLORIDA City Punta Gorda FL Zip Code 33950		
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					
Amended AR is \$50.00		Make check payable to Florida Department of State \$55.00			

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BESHEARS, MARC TILLER TERRACE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600104119696 06/08/07--01032--015 **\$5.00	
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 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		<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 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

5.22.07