



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L02000030189 1. Entity Name CHARLES WILLIAM PROPERTIES, LLC	
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Principal Place of Business 1530 CORNERSTONE BLVD STE 200 DAYTONA BEACH, FL 32117	Mailing Address 1530 CORNERSTONE BLVD STE 200 DAYTONA BEACH, FL 32117
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0752745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUVA, CHARLES D
1530 CORNERSTONE BLVD STE 200
DAYTONA BEACH, FL 32117**

**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 _____

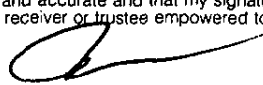
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000845171
03/13/08-80029-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUVA, CHARLES D 1530 CORNERSTONE BLVD STE 200 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWKO, WILLIAM 1530 CORNERSTONE BLVD STE 200 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #