


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90030 011 \*\*\*138.75

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DOCUMENT # L02000030641  |  |  |  |                |  |
| 1. Entity Name<br><b>CHARLESTON H20, LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>8210 LAKEWOOD BLVD.<br/>BRADENTON, FL 34202</b>  |  |  | Mailing Address<br><b>8210 LAKEWOOD BLVD.<br/>BRADENTON, FL 34202</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                         |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                        |  |   |  |
| City & State   |  | City & State                               |  | 4. FEI Number<br><b>06-1661165</b>  |  |
| Zip  |  | Country                                    |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GAYTON, ALICIA H ESQ.<br/>8441 COOPER CREEK BOULEVARD<br/>UNIVERSITY PARK, FL 34201</b>  |  |  | 7. Name and Address of New Registered Agent  |   |  |
|  |  |  | Name   |   |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|  |  |  | City   |   |  |
|  |  |  | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>ANDERSON, ALAN</b><br><b>8210 LAKEWOOD BLVD.</b><br><b>BRADENTON, FL 34202</b>  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR James R. Schrey</b><br><b>8210 Lakewood Ranch Blvd</b><br><b>Bradenton FL 34202</b>      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>HEIM, PRISCILLA G</b><br><b>8210 LAKEWOOD BLVD.</b><br><b>BRADENTON, FL 34202</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____   |  |  | 3/5/08<br>Date _____ Daytime Phone # _____   |   |  |