## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



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

DOCUMENT # L02000030641  1. Entity Name CHARLESTON H20, LLC							08 90030 0	11 ***138	.75	
Principal Place of Business 8210 LAKEWOOD BLVD. BRADENTON, FL 34202		Mailing Address 8210 LAKEWOOD BLVD. BRADENTON, FL 34202		÷ ,				11 <b>10 1</b> 1 11 11 11 11 11 11 11 11 11 11 11 11	<b>18</b> 1 (1) (18 <b>8</b> )	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-LLC	CR2E0	083 (12/06)			
City & State		City & State		4. FEI Num 06-16	ber 61165		— <del>                                    </del>	plied For		
Zip	Country	Zip	Zip Country			e of Status Desire	d 🛘	\$5.00 Add	itional	
	6. Name and Address of Current	Registered Agent			7. Name ar	d Address of Ne	w Registered	Agent		
· · · · · · · · · · · · · · · · · · ·		<u> </u>		Name				•		
GAYTON, ALICIA H ESQ. 8441 COOPER CREEK BOULEVARD UNIVERSITY PARK, FL 34201				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9	
				d office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligat	ions of registered agent.									
oranir mone.	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature	e required when reinstating)		DATE			
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	5					Aake check prida Departm	-	9	
			10.			ADDITIO	rida Departm	nent of State		
After May	7 1, 2008 Fee will be \$538.7			MGR	James,	ADDITIO	rida Departm	nent of State		
After May	1, 2008 Fee will be \$538.79	ERS/MANAGERS			James,	ADDITIO	rida Departm	nent of State		
9.	MANAGING MEMBE	ERS/MANAGERS	TITLE		James,	R. John	NS/CHANGES	Change		
9. TITLE NAME	MANAGING MEMBE MGR ANDERSON, ALAN	ERS/MANAGERS	TITLE NAMI STRE	E ,	James, 18210 Sa 1Bradente	ADDITIO	NS/CHANGES	Change		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ANDERSON, ALAN 8210 LAKEWOOD BLVD. BRADENTON, FL 34202 S HEIM, PRISCILLA G	ERS/MANAGERS	TITLE NAMI STRE CITY TITLE	E EET ADDRESS C	James 8210 Hi Bru denti	R. John	NS/CHANGES	Change		
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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 appracturate 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 regerver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #