

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000012060

1. Entity Name
CHARBONNET ADVISORY COMPANY, LLC



Principal Place of Business
4920 SUNSET DRIVE
SOUT MIAMI, FL 33143

Mailing Address
4920 SUNSET DRIVE
SOUT MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

**FILED
Jan 28, 2005 08:00 AM
Secretary of State**



01242005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2438153	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARBONNET, LOYS III
1823 FLOWER DRIVE
SARASOTA, FL 34239

**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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CHARBONNET, LOYS III
STREET ADDRESS 1823 FLOWER DRIVE
CITY-ST-ZIP SARASOTA, FL 34239

U000000201820
01/28/05-80078-025 50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

141-957-1454
1/26/2005

Daytime Phone #