

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90095 025 \*\*\*\*55.00

COURT 104



<b>DOCUMENT # L03000013496</b> 1. Entity Name <b>CHARLOT ENTERPRISES, LLC</b>					
Principal Place of Business <b>2079 MICHIGAN AVE. ST PETERSBURG, FL 33703</b>			Mailing Address <b>2079 MICHIGAN AVE. ST PETERSBURG, FL 33703</b>		
2. Principal Place of Business <b>10700 75th Street N</b>		3. Mailing Address <b>PO BOX 3430</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Largo, FL</b>		City & State <b>PINELLAS PARK, FL</b>		4. FEI Number <b>56-2347574</b>	
Zip <b>33777</b>		Country 		Zip <b>33780</b>	
Country 		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHARLOT, L.H. 2079 MICHIGAN AVE. ST PETERSBURG, FL 33703</b>			7. Name and Address of New Registered Agent Name <b>CHARLOT, L. H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10700 75th Street N.</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33777</b>		
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 <b>L.H. CHARLOT</b> <b>April 4, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLOT, L.H. 2079 MICHIGAN AVE. ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLOT, L.H. 10700 75th Street N. Largo, FL 33777
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>L.H. CHARLOT</b> <b>4/4/05</b> <b>727-541-4149</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					