

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034693

1. Entity Name
CHARLOTTE HARBOR AREA INVESTMENTS LLC



Principal Place of Business
4130 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 92

Mailing Address
4130 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 92



05022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0247971

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P
99 NESBIT STREET
PUNTA GORDA, FL 33950

**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

**Filing Fee is \$50.00
Due by September 7, 2005**

U000000363358
05/05/05-80156-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
POPPER, PAUL M
STREET ADDRESS
4130 TAMiami TRAIL
CITY - ST - ZIP
PORT CHARLOTTE, FL 33952

TITLE
NAME
MGR
SCHMIDT, HEINZ
STREET ADDRESS
11803 METRO PARKWAY
CITY - ST - ZIP
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(f), 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

Date

Daytime Phone #

5.2.05

941.629.4500