

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034693

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** CHARLOTTE HARBOR AREA INVESTMENTS LLC

**Current Principal Place of Business:**

4130 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4130 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

C/O MICHAEL P. HAYMANS  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

FEI Number: 20-0247971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POPPER, PAUL M  
Address: 4130 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Delete  
Name: SCHMIDT, HEINZ  
Address: 11803 METRO PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: POPPER, PAUL M  
Address: 1691 HUNTER CREEK DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL M. POPPER

MGR

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date