


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000759 1. Entity Name CHARLOTTE ORANGE GROVE LLC	
--	---

Principal Place of Business 434 TERRACINA WAY NAPLES, FL 34119 US	Mailing Address 434 TERRACINA WAY NAPLES, FL 34119 US
---	---

DO NOT WRITE IN THIS SPACE



04122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3132809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAADEH, MICHEL 434 TERRACINA WAY NAPLES, FL 34119	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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAADEH, MICHEL 434 TERRACINA WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAADEH, SAM 434 TERRACINA WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAADE, GUS 434 TERRACINA WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000307438
04/15/05-R0052-018 50.00

**DO NOT WRITE
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: Michel Saadeh **(239)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **4/12/05** **353-1551**
Date Daytime Phone #