


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90062 016 ****55.00

DOCUMENT # L03000046617

1. Entity Name
WALTER J. CHARNESKEY, LLC



Principal Place of Business
**1829 LAKEVIEW ROAD
 CLEARWATER, FL 33764**

Mailing Address
**1829 LAKEVIEW ROAD
 CLEARWATER, FL 33764**

20000965

2. Principal Place of Business
15490 OAK MANOR COURT
 Suite, Apt. #, etc.

3. Mailing Address
15490 OAK MANOR CT
 Suite, Apt. #, etc.



01122006 Chg-LLC CR2E083 (11/05)

City & State
BROOKSVILLE, FL

City & State
BROOKSVILLE, FL

Zip **34604** Country

Zip **34604** Country

4. FEI Number
20-0429246

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHARNESKEY, WALTER J
 1829 LAKEVIEW ROAD
 CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name **CHARNESKEY, WALTER J.**

Street Address (P.O. Box Number is Not Acceptable)
15490 OAK MANOR CT.

City **BROOKSVILLE FL** Zip Code **34604**

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  (ADDRESS CHANGE) DATE **1-12-06**

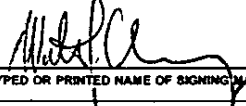
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARNESKEY, WALTER J 1829 LAKEVIEW ROAD CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARNESKEY, WALTER J. 15490 OAK MANOR CT. BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **WALTER J. CHARNESKEY** 1-12-06 (352) 797-8023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #