

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


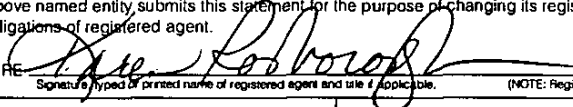
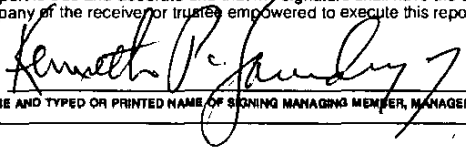
FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90060 031 ****50.00

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01042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000008073			
1. Entity Name SOUTH CHARLOTTE PROPERTIES, LLC			
Principal Place of Business 8310 BIG ACORN CIRCLE, #1001 NAPLES, FL 34119		Mailing Address 8310 BIG ACORN CIRCLE, #1001 NAPLES, FL 34119	
2. Principal Place of Business 9220 Bonita Beach Rd. Suite, Apt. #, etc. Ste. 215 City & State Bonita Springs, FL Zip 34135		3. Mailing Address 9220 Bonita Beach Rd. Suite, Apt. #, etc. Ste. 215 City & State Bonita Springs, FL Zip 34135	
4. FEI Number 13-4275659		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEEPLER, C. PERRY ESQ. 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Karen Rosborough Street Address (P.O. Box Number is Not Acceptable) 9220 Bonita Beach Rd. #215 City Bonita Springs FL Zip Code 34135	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDARY ASSOCIATES, INC. 8310 BIG ACORN CIRCLE, #1001 NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Saundry Associates Inc <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9220 Bonita Beach Rd #215 Bonita Springs, FL 34135
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
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
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 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: 		Date 3/1/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	