

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000038343

1. Entity Name

CHARLOTTE LAND HOLDING, LLC



Principal Place of Business

126 EAST OLYMPIA AVE, STE 301
PUNTA GORDA, FL 33950

Mailing Address

126 EAST OLYMPIA AVE, STE 301
PUNTA GORDA, FL 33950



03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1159140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILEMAN, GARY T
126 WEST OLYMPIA AVENUE, STE. 301
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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KALER, DAVID J
STREET ADDRESS	287 SEBBINS TERRACE
CITY- ST- ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGRM
NAME	TUCCI, STEVEN M
STREET ADDRESS	7147 CURTISS AVE
CITY- ST- ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000664999

03/23/07-80007-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-9-07 941-6250984