


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90354 048 ****50.00

DOCUMENT # L04000052213		
1. Entity Name CHARLIE - EMILY, LLC		

Principal Place of Business 2715 N.E. 14TH STREET OCALA, FL 34470	Mailing Address 2715 N.E. 14TH STREET OCALA, FL 34470
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40000000



2. Principal Place of Business - No P.O. Box # 3065 NW Blitchton Rd		3. Mailing Address 3065 NW Blitchton Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State	
Zip 34475	Country	Zip 34475	Country

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2270885		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 PARDEE, RUSSELL 2715 N.E. 14TH STREET OCALA, FL 34470		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3065 NW Blitchton Rd City FL Zip Code 34475	
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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 *Russell Pardee* DATE **4-30-07**

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, 2007.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARDEE, RUSSELL 2715 N.E. 14TH STREET OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3065 NW Blitchton Rd 34475 <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
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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: *Russell Pardee* DATE **4-30-07** DAYTIME PHONE # **352-732-3494**

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