

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90043 044 \*\*\*\*50.00

**DOCUMENT # L04000072260**

1. Entity Name

**CHARLOTTE INDUSTRIAL, LLC**



Principal Place of Business

**6529 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33413 US**

Mailing Address

**6529 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33413 US**

**30004347**



**DO NOT WRITE IN THIS SPACE**

01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**02-0731936**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROCKE, MCLEAN & SBAR, P.A.  
100 NORTH TAMPA STREET  
SUITE 3575  
TAMPA, FL 33602**

**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, if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 4, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PECKHAM, GEOFFREY  
6529 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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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 609, Florida Statutes.

SIGNATURE:

*Signature typed or printed name of signing managing member or authorized representative*

Date

Daytime Phone #

**ZACHARY T. TAPP**

**4/3/06 561 475 2711**