FILED
May 31, 2005 8:00 am
Secretary of State

05-03-2005 90024 026 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072854

1. Entity Name
FORT CHARLES LIMITED LIABILITY COMPANY

30008349

Principal Place of Business	Mailing Address
365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	367 WEST MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NORTHBOROUGH, MA
Zip / Country	Zip: 01532 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] JACK ANTARAMIAN 4/28/05 508-393-2911

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