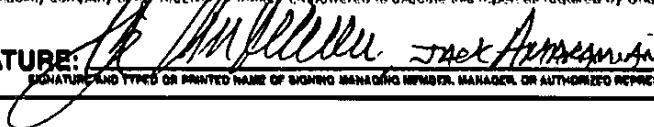


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000072854			
1. Entity Name FORT CHARLES LIMITED LIABILITY COMPANY			
Principal Place of Business 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		Mailing Address 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	
2. Principal Place of Business		3. Mailing Address 367 WEST MAIN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NORTH BOROUGH, MA	
Zip	Country	Zip	Country
		01532	USA
4. FGI Number		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
04292008 Chg-LLC CR2E083 (10/03)		☒ Apply For ☐ Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		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 _____			
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBER/MANAGER		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information furnished 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 and I am duly authorized to execute this report as required by Chapter 609, Florida Statutes.			
SIGNATURE: 		4/28/05 528-393-2911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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