

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-03-2006 90002 041 ****50.00

04-07-2006 90210 021 ****50.00

20025980



03232006 Chg-LLC CR2E083 (11/05)

| | | | | | |
|--|---|---------|--|---|---|
| DOCUMENT # L04000086809 1. Entity Name CHARLOTTE COUNTY PROPERTY MANAGEMENT COMPANY, LLC | | | | | |
| Principal Place of Business 215 GEORGE ROAD, S.E. PORT CHARLOTTE, FL 33952 | | | Mailing Address P.O. BOX 494857 PORT CHARLOTTE, FL 33949 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-1947283 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KANUMURI, NAGARANI 215 GEORGE ROAD, S.E. PORT CHARLOTTE, FL 33952 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KANUMURI, NAGARANI 215 GEORGE RD. SE PORT CHARLOTTE, FL 22952 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Nagarani</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 4/3/06 <small>Date</small> | | 941-286-4913 <small>Daytime Phone #</small> |