2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-02-2005 90117 022 ****50.00

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DOCUMENT # L04000090923

1. Entity Name
CHARLOTTE 1000 LLC

Principal Place of Business	Mailing Address
2828 ROUTH STREET, STE. 500 DALLAS, TX 75201	2828 ROUTH STREET, STE. 500 DALLAS, TX 75201

04272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2655 N Ocean Dr	2655 N Ocean Dr
Suite, Apt. #, etc. 3rd Floor	Suite, Apt. #, etc. 3rd Floor
City & State Singer Island Fl	City & State Singer Island Fl
Zip 33407 Country	Zip 33407 Country

4. FEI Number 20-2386952 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAMMEN, ROBERT
9180 GALLERIA COURT, STE. 600
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: George W Heaton
Street Address (P.O. Box Number is Not Acceptable): 2655 N Ocean Dr 3rd Floor
City: Singer Island FL Zip Code 33407

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: GW Heaton
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4/27/05

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	☐ Delete	TITLE P/D NAME George W Heaton STREET ADDRESS 2655 N Ocean Dr 3rd Floor CITY-ST-ZIP Singer Island Fl 33407	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Secty/Treas NAME Deborah A Dentry STREET ADDRESS 3540 Forest Hill Blvd #203 CITY-ST-ZIP W Palm Bch Fl 33407	☐ 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 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: GW Heaton George W Heaton 4/27/05 561-833-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #