


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90143 001 ***350.00

DOCUMENT # L04000090923 1. Entity Name CHARLOTTE 1000 LLC			
Principal Place of Business 2655 N OCEAN DR 3RD FLOOR SINGER ISLAND, FL 33407		Mailing Address 3540 FOREST HILL BLVD # 203 WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box # 2655 N. Ocean Dr. #310		3. Mailing Address 2655 N Ocean Dr #310	
Suite, Apt. #, etc. #310		Suite, Apt. #, etc. #310	
City & State Singer Island, FL		City & State Singer Island FL	
Zip 33404		Zip 33404	
Country US		Country US	
4. FEI Number 20-2386952		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEATON, GEORGE W 2655 N OCEAN DR 3RD FLOOR SINGER ISLAND, FL 33407		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 #310 City Singer Island State FL Zip Code 33404	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEATON, GEORGE W 2655 N OCEAN DR, 3RD FLOOR SINGER ISLAND, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heaton, George W 2655 N. Ocean Dr #310 Singer Island, FL 33404 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DENTRY, DEBORAH A 3540 FOREST HILL BLVD< # 203 WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Deborah A Dentry</u>		3/23/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	