

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001737

Entity Name: CHARLESTON, LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

3754 HAROLD AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3754 HAROLD AVENUE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 54-2189115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDO, K. RANJIT
3754 HAROLD AVENUE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDO, K. RANJIT
Address: 3754 HAROLD AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: ST () Delete
Name: FERNANDO, E. LILANTHI
Address: 3754 HAROLD AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FERNANDO, E. LILANTHI
Address: 3754 HAROLD AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: MGR () Change (X) Addition
Name: FERNANDO, CHARITH R
Address: 3754 HAROLD AVENUE
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: K. RANJIT FERNANDO

MGRM

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date