
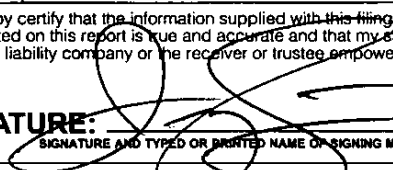


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90035 027 ****50.00

DOCUMENT # L05000013835					
1. Entity Name NINETEEN CHARLIE PAPA, LLC					
Principal Place of Business 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 SARASOTA, FL 34236			Mailing Address 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236			David M Silberstein The Plaza Bldg 50 Central Ave, Ste 700 Sarasota, FL 34236		
Zip Code			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)					
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	MGR MERRITT, BRIAN H 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Irving Gitlin 19 N. Blvd of the Presidents, #605 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, TOWNSEND H JR 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLOWAY, JOE R 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		Change 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: 			Irving Gitlin		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			Date: 3/27/07 Daytime Phone #: 941-955-2424		