

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049965

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: CHARLESTON PLACE GP, LLC

## Current Principal Place of Business:

901 VENETIA BAY BOULEVARD  
SUITE 270  
VENICE, FL 34285

## New Principal Place of Business:

1601 PINE LAKE DRIVE  
VENICE, FL 34285

## Current Mailing Address:

901 VENETIA BAY BOULEVARD  
SUITE 270  
VENICE, FL 34285

## New Mailing Address:

P.O. BOX 1166  
NOKOMIS, FL 34274

FEI Number: 20-8139066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARTENSTINE, J. MICHAEL  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: V ( ) Delete  
Name: TRIPLE DIAMOND CHARL, ESTON PLACE, L L C  
Address: PO BOX 1967  
City-St-Zip: NOKOMIS, FL 34274

Title: V ( ) Delete  
Name: LOMBARD, JAMES M  
Address: PO BOX 25606  
City-St-Zip: SARASOTA, FL 342772606

Title: V ( ) Delete  
Name: BROOKS, GARRY D  
Address: 3456 MISTLETOE LN  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR ( ) Delete  
Name: MITCHELL, RICHARD J  
Address: 901 VENETIA BAY BLVD SUITE 300  
City-St-Zip: VENICE, FL 34292

## ADDITIONS/CHANGES:

Title: V (X) Change ( ) Addition  
Name: TRIPLE DIAMOND CHARL, ESTON PLACE, L L C  
Address: PO BOX 1166  
City-St-Zip: NOKOMIS, FL 34274

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

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

Title: MGR (X) Change ( ) Addition  
Name: TAYLOR, EDWIN D  
Address: P.O. BOX 1166  
City-St-Zip: NOKOMIS, FL 34274

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: EDWIN D. TAYLOR

MM

01/15/2007

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