2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# L05000080758

Entity Name: CHARLOTTE COUNTY CENTER, LLC

Current Principal Place of Business:

18501 MURDOCK CIR
SUITE 507
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18501 MURDOCK CIRCLE
SUITE 507
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-3885704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TROMBLE, RICK A
18501 MURDOCK CIRCLE
SUITE 507
PORT CHARLOTTE, FL 33948 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: TROMBLE, RICK A
Address: 18501 MURDOCK CIRCLE- SUITE 507
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM ( ) Delete
Name: TROMBLE, MICHELE L
Address: 18501 MURDOCK CIRCLE- SUITE 507
City-St-Zip: PORT CHARLOTTE, FL 33948

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

ADDITIONS/CHANGES:

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

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

Title: VP ( ) Change (X) Addition
Name: HOKE, STEPHANIE M VP
Address: 18501 MURDOCK CIRCLE- SUITE 507
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify 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: RICK TROMBLE MNGR 01/18/2009

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