FILED Apr 24, 2006 8:00 am Secretary of State

2006 LIM	ITED LIA	BILITY	COMPAN	Y
	ANNUAL	REPOR	łT	

ANNOAL REPORT				٦	0101	_				
DOCUMENT # L05000082748					04-24-2	2006 9003	/ 010 **	***50.00		
1. Entity Name										
CHARTE	R CLUB I	PROPERTIES II LL	С							
						4				
Principal Place			Mailing Address							
700 ELEVEN NAPLES, FL			700 ELEVENTH STREET NAPLES, FL 34102-67		1, PH2		2001	34467		
NAPLES, FL	34102-0//		NAPLES, FL 34102-07	77			2000	70220		
2. Principal P	lace of Busin	ness	3. Mailing Address	••						
						11020001 00		II ABIDI SBIIB IIAU		BBI 191 13 BI
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		01232006	Chg-LLC	CDSEGO	3 (11/05)		
						0.202000	Olig-LLO	CINELOO	3 (11/03)	
City & State	е		City & State	State		4. FEI Numb	er			plied For
7:-		Courter	7:_	0						t Applicable
Zip		Country	Zip	Country		5. Certificate	5. Certificate of Status Desired See Required Fee Required			
	6 Name	and Address of Current F	Pegistered Agent		T	7 Name and	Address of New F			ц
	o. maine	this reality of building	rogistered Albert		Name	7. IVallia dile	Address of New P	redistered V	Jen 11	
ABLE ADV	ISORY IN	IC.								
		REET SOUTH, PH2			Street Address ((P.O. Box Numb	er is Not Acceptable	e)		
NAPLES, F	FL 34102	-6777								
			•		City		<u> </u>	FL	Zip Code	e
9 The above	named satis	v submits this statement for	the purpose of changing its	rogintar			the in the Case of Cl		1	
the obligat	ions of regis	y submits this statement for tered agent.	the purpose of changing its	register	ed office or register	rea agent, or bo	in, in the State of Fi	orida. Famila	mwar with,	and accept
J		ŭ								
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT)	Registere	d Agent signature required	d when reinstation)		DATE		
· · · · · · · · · · · · · · · · · · ·							<u>.</u>			
Fi	ilina Fee i	is \$50.00					Mak	e check pa	vable to	
D	ue by Ma	y 1, 2006						a Departme	-	е
9.		MANAGING MEMBER		10.			ADDITIONS	/CHANGES		
TITLE	MGR	HATES	☐ Defete	TITL	l				☐ Change	☐ Addition
NAME	AOMAC I			NAM						
STREET ADDRESS CITY-ST-ZIP	BISON C	OWN, TORTOLA, B.V.I.,			ET ADDRESS -ST-ZIP					
	NOAD 10	54111, TORTOLA, B.V.I.,	П	-		<u> </u>	·			
TITLE NAME			☐ Delete	TITL	l				☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Detete	TITL	-				☐ Change	☐ Addition
NAME			- Delete	NAM	1				Change	Addition
STREET ADDRESS					EET ADORESS					
CITY-ST-ZIP				CITY	'- \$1 - ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME				NAM	IE .					
STREET ADDRESS	}			STR	EET ADDRESS					
CITY-ST-ZIP				CITY	'-\$T-ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME				NAM	le					
STREET ADDRESS					EET ADDRESS					
CITY - ST - ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITE					☐ Change	☐ Addition
NAME				NAA						
STREET ADDRESS					EET ADDRESS					
CITY OF THE	Ł			UIN	-ST-ZIP					
CITY-ST-ZIP	<u> </u>	^								
	certify that th	ne information supplied with	this filling does not qualify for	the xe	emptions contained	d in Chapter 119	, Florida Statutes. I f	urther certify	that the info	ormation ar of the
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