

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7. **FILED**
Aug 10, 2006 8:00 am
Secretary of State

07-25-2006 90083 041 ****50.00

DOCUMENT # L05000090956					
1. Entity Name ABSOLUTE LAND OF CHARLOTTE, L.L.C.					
Principal Place of Business 2415 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address 2415 TAMiami TRAIL PORT CHARLOTTE, FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07102006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3527952				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAKE, J. KEVIN 1432 FIRST STREET, C/O DOOLEY & DRAKE, PA SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 8, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHALLER, JOHN 7603 SADDLE CREEK TRAIL SARASOTA, FL 34241	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHALLER, MICHELLE 7603 SADDLE CREEK TRAIL SARASOTA, FL 34241	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:				7-20-06 9417433337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone	