

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000111835

1. Entity Name
CHARLESTON CORNERS, LLC



Principal Place of Business
**2419 E COMMERCIAL BLVD STE 100
FT. LAUDERDALE, FL 33308**

Mailing Address
**2419 E COMMERCIAL BLVD STE 100
FT. LAUDERDALE, FL 33308**



04092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3858493

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD STE 750
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE
05/02/07-80113-011 50.00

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HAIENDA HOLDINGS, LLC 815 N.W 57TH AVENUE STE 405 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR J&D CHARLESTON CORNERS, LLC 2419 E COMMERCIAL BLVD STE 100 FT. LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #