2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L05000111835

Entity Name: CHARLESTON CORNERS, LLC

Current Principal Place of Business:

5901 US H WY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5901 US H WY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-3858493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: MGR ( ) Delete
Name: HAIENDA HOLDINGS, LL, C
Address: 815 N.W 57TH AVENUE STE 405
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete
Name: J&D CHARLESTON CORNE, RS, LLC
Address: 2419 E COMMERCIAL BLVD STE 100
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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

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

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: MARY WHITE AGEN 03/17/2009

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