## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000120312

City-St-Zip:

Entity Name: CHARLOTTE LAND DEVELOPMENT GROUP LLC

FILED Jan 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18494 ARAPAHOE CIRCLE PORT CHARLOTTE, FL 33948 **Current Mailing Address: New Mailing Address:** 18494 ARAPAHOE CIRCLE PORT CHARLOTTE, FL 33948 FEI Number: 37-6663943 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SYMONDS, BRENDA 18494 ARAPAHOE CIRCLE PORT CHARLOTTE, FL 33948 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SYMONDS, JOEL Name: Name: 18494 ARAPAHOE CIRCLE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition GARDINER, DAVID Name: ZOLIS, ALLAN Name: Address: 7803 BERKSHIRE PINES DRIVE Address: 2247 HAMBURG LANE City-St-Zip: NAPLES, FL 34104 City-St-Zip: PUNTA GORDA, FL 33983 Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition ZIELINSKI, GARY ZOLIS, AUDRY Name: Name: Address: 381 16TH STREET SE Address: 2247 HAMBURG LANE City-St-Zip: NAPLES, FL 34117 City-St-Zip: PUNTA GORDA, FL 33983 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: SYMONDS, BRENDA Address: Address: 18494 ARAPAHOE CIR

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

PORT CHARLOTTE, FL 33948

SIGNATURE: JOEL SYMONDS MGR 01/05/2007