

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90065 017 ***138.75

DOCUMENT # L05000120312
 1. Entity Name
 CHARLOTTE LAND DEVELOPMENT GROUP LLC



Principal Place of Business 18494 ARAPAHOE CIRCLE
 PORT CHARLOTTE FL 33948
 Mailing Address 18494 ARAPAHOE CIRCLE
 PORT CHARLOTTE FL 33948



2. Principal Place of Business - No P.O. Box # 730 90th Street Ocean
 Suite, Apt. #, etc.
 3. Mailing Address P.O. Box 432
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State Marathon FL
 City & State Key Colony Beach, FL
 Zip 33050 Country Monroe
 Zip 33051 Country Monroe

4. FEI Number 37-6663943
 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SYMONDS, BRENDA
 18494 ARAPAHOE CIRCLE
 PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent
 Name Brenda Symonds
 Street Address (P.O. Box Number is Not Acceptable)
 730 90th St Ocean
 City Marathon FL Zip Code 33050

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 Brenda Symonds DATE 4-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 - Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME SYMONDS, JOEL STREET ADDRESS 18494 ARAPAHOE CIRCLE CITY-ST-ZIP PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE MGRM NAME SYMONDS, BRENDA STREET ADDRESS 18494 ARAPAHOE CIRCLE CITY-ST-ZIP PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brenda Symonds DATE 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE