

**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

3. Mailing Address

P.O. Box 432

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Marathon FL

City & State

Key Colony Beach, FL

4. FEI Number

37-6663943

Applied For

Not Applicable

Zip

33050

Country

Monroe

Zip

33051

Country

Monroe

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

4-11-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME SYMONDS, JOEL  
STREET ADDRESS 18494 ARAPAHOE CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE MGRM ☐ Delete  
NAME SYMONDS, BRENDA  
STREET ADDRESS 18494 ARAPAHOE CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-11-08

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

Date

Daytime Phone #