

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90199 022 \*\*\*\*50.00

**DOCUMENT # L06000003932**

1. Entity Name  
**CHARLESTON REALTY, LLC**



Principal Place of Business  
**2499 GLADES ROAD, #210  
BOCA RATON, FL 33431**

Mailing Address  
**2499 GLADES ROAD, #210  
BOCA RATON, FL 33431**

**60013105**



01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4146147**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CANTOR, SAMUEL J  
CAMUEL J. CANTOR, P.A.  
2499 GLADES ROAD, #210  
BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
CANTOR, SAMUEL J  
2499 GLADES ROAD, #210  
BOCA RATON, FL 33431**

☐ Delete

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**10. ADDITIONS/CHANGES**

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SAMUEL J CANTOR**

**2/2/07**

Date

**561-982-9555**

Daytime Phone #