

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

05-04-2007 90315 013 ****50.00

DOCUMENT # L06000005045

1. Entity Name
CHARLOTTE RESORT LLC



Principal Place of Business
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

Mailing Address
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

30011436



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-4116684

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

Name Constance M. Burke

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

1107 West Marion Avenue Suite 112

City Punta Gorda FL Zip Code 33950

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

Constance M. Burke

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

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME DE LANGE, LUIT
STREET ADDRESS 8825 TAMiami TRAIL EAST
CITY-ST-ZIP NAPLES, FL 34113

TITLE President ☐ Change ☒ Addition
NAME Mr. Luit de Lange
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples, FL 34113

TITLE MGR ☒ Delete
NAME BOFF, JOSEPH
STREET ADDRESS 8825 TAMiami TRAIL EAST
CITY-ST-ZIP NAPLES, FL 34113

TITLE Vice President ☐ Change ☒ Addition
NAME Mr. Joseph D. Boff
STREET ADDRESS 942 N. Collier Blvd
CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Mr. Joel Ira Bobrow
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Mrs. Ulrike de Lange-Garner
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

Date

Daytime Phone #

Constance M. Burke 7/5/07 239 774 1335