


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000048485</b>					
<b>1. Entity Name</b> CHARLOTTE/FL, LLC					
<b>Principal Place of Business</b> 1275 LAKE HEATHROW LANE HEATHROW, FL 32746			<b>Mailing Address</b> 1275 LAKE HEATHROW LANE HEATHROW, FL 32746		
<b>2. Principal Place of Business - No P.O. Box #</b> 25 IMPERIAL STREET		<b>3. Mailing Address</b> 25 IMPERIAL STREET			
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. SUITE 500			
City & State TORONTO ONTARIO		City & State TORONTO ONTARIO			
Zip M5P 1B9		Zip M5P 1B9		Country CANADA	
<b>4. FEI Number</b> 20-8539183					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> ROECKER, PAUL 1275 LAKE HEATHROW LANE HEATHROW, FL 32746			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAURIE, FRANK 1275 LAKE HEATHROW LANE HEATHROW, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAURIE, FRANK 25 IMPERIAL STREET SUITE 500 TORONTO, ONTARIO M5P 1B9 CANADA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103009995 05/22/07--01021--004 **1650.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			15 APR 2007		416-483-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

FILED  
07 APR 30 AM 10:11  
TALLAHASSEE, FLORIDA

