

ANNUAL REPORT

DOCUMENT # L06000075093

1. Entity Name
CHARLES DEVELOPMENT, LLC

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90041 004 ****55.00

Principal Place of Business

340 ROYAL POINCIANA WAY
 SUITE 321
 PALM BEACH, FL 33480 US

Mailing Address

340 ROYAL POINCIANA WAY
 SUITE 321
 PALM BEACH, FL 33480 US

2. Principal Place of Business - No P.O. Box #
105 S. NARCISSUS AVE3. Mailing Address
105 S. NARCISSUS AVE.Suite, Apt. #, etc.
STE. 612Suite, Apt. #, etc.
STE. 612City & State
WEST PALM BEACH, FLCity & State
WEST PALM BEACH, FLZip
33401Country
USAZip
33401Country
USA

03232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5370201Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, NEAL W JR.
 321 ROYAL POINCIANA PLAZA SOUTH
 SUITE 321
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

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

340 ROYAL POINCIANA PLAZA

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

MGRM
KRUMHOLZ, STEVEN ☐ Delete
321 ROYAL POINCIANA PLAZA SOUTH, SUITE 321
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KRUMHOLZ, STEVEN ☒ Change ☐ Addition
340 ROYAL POINCIANA PLAZA, SUITE 321
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

4/13/07