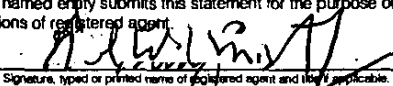
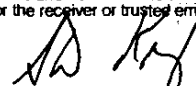


FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 043 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000075093			
1. Entity Name CHARLES DEVELOPMENT, LLC			
Principal Place of Business 840 US HIGHWAY ONE, SUITE 100 PO BOX 14236 NORTH PALM BEACH, FL 33408-3830 US		Mailing Address 840 US HIGHWAY ONE, SUITE 100 PO BOX 14236 NORTH PALM BEACH, FL 33408-3830 US	
2. Principal Place of Business - No P.O. Box # 2001 NORTH FLAGLER DRIVE Suite, Apt. #, etc.		3. Mailing Address 2001 NORTH FLAGLER DRIVE Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33407		Zip 33407	
Country USA		Country USA	
4. FEI Number 20-5370201		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR. 340 ROYAL PONCIANA PLAZA PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name NEAL W. KNIGHT, JR. Street Address (P.O. Box Number is Not Acceptable) 840 US HIGHWAY ONE SUITE 100 City NORTH PALM BEACH FL Zip Code 33408	
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  Neal W Knight Jr. DATE 4/04/08 Signature, typed or printed name of registered agent and filer, as applicable. (NOTE: Registered Agent's signature required when re-registering)			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUMHOLZ, STEVEN 340 ROYAL PONCIANA PLAZA SUITE 321 PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2001 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 606, Florida Statutes.			
SIGNATURE:  Steven Krumholz		Date 4/2/08 Daytime Phone # 561 654 6543	