2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90230 043 ***143.75

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1. Entity Name
CHARLES DEVELOPMENT, LLC

60020308

04022008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
840 US HIGHWAY ONE, SUITE 100 PO BOX 14236 NORTH PALM BEACH, FL 33408-3830 US	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	3. Mailing Address: 2001 NORTH FLAGLER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33407 Country: USA	Zip: 33407 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	7. Name and Address of New Registered Agent
KNIGHT, NEAL W JR. 340 ROYAL PONCIANA PLAZA PALM BEACH, FL 33480	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 [signature] Neal W Knight Jr. DATE 4/04/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	 2001 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	☒ 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
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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 608, Florida Statutes.

SIGNATURE: [signature] Steven Krumholz 4/2/08 561 654-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #