

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085051

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** UNIT 131, CHARLES TOWNE, LLC

**Current Principal Place of Business:**

3762 WINDING LAKE CIRCLE  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

3762 WINDING LAKE CIRCLE  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 60-0069612      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAZRAWI, JACOB  
3762 WINDING LAKE CIRCLE  
ORLANDO, FL 32835    US

**Name and Address of New Registered Agent:**

MAZRAWI, SHARON  
3762 WINDING LAKE CIRCLE  
ORLANDO, FL 32835    US

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.

SIGNATURE: MAZRAWI SHARON      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MAZRAWI, SHARON  
Address: 3762 WINDING LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM      ( ) Delete  
Name: MAZRAWI, JACOB  
Address: 3762 WINDING LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAZRAWI SHARON      PRS      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date