

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067063

FILED
Apr 20, 2009
Secretary of State

Entity Name: 6245 LAKE CHARM CIRCLE LLC

Current Principal Place of Business:

77 BLEECKER STREET #1211
NEW YORK, NY 10012

New Principal Place of Business:

Current Mailing Address:

77 BLEECKER STREET #1211
NEW YORK, NY 10012

New Mailing Address:

FEI Number: 20-7084713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LAURA C
745 41ST STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COYLE, BEVERLY
Address: 77 BLEECKER STREET #1211
City-St-Zip: NEW YORK, NY 10012

Title: MGRM () Delete
Name: JONES, LAURA C
Address: 745 41ST STREET
City-St-Zip: SARASOTA, FL 34234

Title: MGRM () Delete
Name: NANCY LEE FORD % BEVERLY COYLE
Address: 77 BLEECKER STREET #1211
City-St-Zip: NEW YORK, NY 10012

ADDITIONS/CHANGES:

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

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: LAURA C JONES

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date