

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100792

Entity Name: CHARLESTON HEIGHTS, LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6001 STATE ROAD 11  
DELEON SPRINGS, FL 321304028

**New Principal Place of Business:**

6001 STATE ROAD 11  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

6001 STATE ROAD 11  
DELEON SPRINGS, FL 321304028

**New Mailing Address:**

6001 STATE ROAD 11  
DELEON SPRINGS, FL 32130

FEI Number: 26-3605177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ADAMS, JOE W  
6001 STATE ROAD 11  
DELEON SPRINGS, FL 321304028 US

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

ADAMS, JOE W  
6001 STATE ROAD 11  
DELEON SPRINGS, FL 32130 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/18/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ADAMS, JOE W  
Address: 6001 STATE ROAD 11  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGRM  
Name: ADAMS, BETTY L  
Address: 6001 STATE ROAD 11  
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby 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: JOE W. ADAMS

MGRM

01/18/2011

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