

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000136718

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** CHARLESTON MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

9 ATLANTIC AVE  
MARBLEHEAD, MA 01945 US

**New Principal Place of Business:**

**Current Mailing Address:**

9 ATLANTIC AVE  
MARBLEHEAD, MA 01945 US

**New Mailing Address:**

**FEI Number:** 45-4115382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKWOOD, STEPHEN J  
327 PALM RIVER BLVD.  
NAPLES, FL 34110 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  
**Name:** STEPHEN J. LOCKWOOD & COMPANY, LLC  
**Address:** 9 ATLANTIC AVE  
**City-St-Zip:** MARBLEHEAD, MA 01945 US

**Title:** MGRM  
**Name:** RAR-1  
**Address:** 1930 GULF SHORE BLVD. NORTH  
**City-St-Zip:** NAPLES, FL 34102 US

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:** STEPHEN J LOCKWOOD

MGRM

03/22/2012

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