


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L93000000314</b>  CHARTER CLUB PROPERTIES, L. C. 12734 KENWOOD LANE SUITE 89 FORT MYERS FL 33907		1a. Principal Place of Business Address  1000 TENTH AVENUE SOUTH NAPLES FL 33940	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  09/22/1993		3a. State of Formation  FL	
4. FEI Number  65-0438276		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  04/09/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  ECKERTY, THOMAS G 12734 KENWOOD LANE SUITE 89 FORT MYERS FL 33907		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature required when making change)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TROWBRIDGE, DAVID	3135 La Costa Cir. #304 15470 CHLOE CIRCLE	Naples, Fl. 34105 FT. MYERS FL
MGR	KLEIST, PETER D	12734 KENWOOD AVENUE, STE.	FT. MYERS FL 33907
*****188.75 *****188.75			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>x David Trowbridge</i>		3/1/99 9411 261-5559	