

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L95000000604

1. Entity Name
EMERALD CHARTERS, L.C.



Principal Place of Business
6969 POINT OF ROCKS ROAD
SARASOTA, FL 34242

Mailing Address
6969 POINT OF ROCKS ROAD
SARASOTA, FL 34242



01042005No Chg-LLC

CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0601502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCFADDEN, PAUL B
6969 POINT OF ROCKS ROAD
SARASOTA, FL 34242

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCFADDEN, PAUL B
6969 POINT OF ROCKS ROAD
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCFADDEN, LESLEY J
6969 POINT OF ROCKS ROAD
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Paul B. McFadden 3/27/05 (941) 812-6948

Date

Daytime Phone #