


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L95000000604 1. Entity Name EMERALD CHARTERS, L.C.	
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Principal Place of Business 6969 POINT OF ROCKS ROAD SARASOTA, FL 34242	Mailing Address 6969 POINT OF ROCKS ROAD SARASOTA, FL 34242
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0601502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 2006**

U00000410206
02/09/06-80025-024 50.00

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
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **PAUL B. McFADDEN** 1/27/06 941-812-6948
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #