## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # L99000002092** 07-19-2005 90010 032 \*\*\*\*50.00 CHARMAR REALTY AND CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address **501 COLUMBINE LANE 501 COLUMBINE LANE** WEST CHICAGO, IL 60185 WEST CHICAGO, IL 60185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 58-2464130 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLER, James Street Address (P.O. Box Number is Not Acceptable) KELLER, JAMES R ESQ 5198 OVERSEAS HIGHWAY P.O. BOX 500057 10925 DUERSEAS MARATHON, FL 33050 CITYMARATHON 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 September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Change Delete TITLE Addition HANSON, CHARLES R NAME NAME STREET ADDRESS 501 COLUMBINE LANE STREET ADDRESS CITY-ST-ZIP WEST CHICAGO, IL 60185 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

Jul 19, 2005 8:00 am