2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002128

1. Entity Name
VICTOR CHARLIE PARTNERS, LLC

Principal Place of Business	Mailing Address
8889 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 34108-7512	8889 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 34108-7512

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02232005 Chg-LLC CR2E083 (10/03)
City & State	City & State	**4.** FEI Number / Applied For 65-0917664 / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ / **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWERS, GREGG J 7295 TILDEN LANE NAPLES, FL 34108	Name / Street Address (P.O. Box Number is Not Acceptable) / City **FL** Zip Code

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**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES		
TITLE MGRM NAME POWERS, GREGG J STREET ADDRESS 7295 TILDEN LANE CITY-ST-ZIP NAPLES, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: _____   4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #