


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 001 \*\*\*150.00

**DOCUMENT # L99000002916**

1. Entity Name  
**H & R LIMITED OF CHARLOTTE COUNTY, L.C.**



Principal Place of Business      Mailing Address  
**P.O. BOX 512138**                      **P.O. BOX 512138**  
**PUNTA GORDA, FL 33951-2138**      **PUNTA GORDA, FL 33951-2138**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

07252005    Chg-LLC      CR2E083 (10/03)

City & State                      City & State

4. FEI Number                      Applied For  
**65-0908903**                      Not Applicable

Zip      Country                      Zip      Country

5. Certificate of Status Desired          **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JOINER, SCOTT**  
**3005 CARING WAY, #A**  
**PORT CHARLOTTE, FL 33952**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

\_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>MENZER, HANS JR.<br>P.O. BOX 512138<br>PUNTA GORDA, FL 339512138   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>BOUCHNER, RONALD S<br>P.O. BOX 512138<br>PUNTA GORDA, FL 339512138 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**10. ADDITIONS/CHANGES**

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ronald Bochner*      **7/27/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

*Ronald Bochner*