2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008253

1. Entity Name
CHARA, LLC

FILED

01 MAR 14 PH 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9625 ALONZO ROAD	P.O. BOX 76009
RIVERVIEW FL 33569	TAMPA FL 33675-6009

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3613201 — Applied For / 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**
HARRIS, TRACY J JR.	Name
9625 ALONZO ROAD	Street Address (P.O. Box Number is Not Acceptable)
RIVERVIEW FL 33569	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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES		
TITLE	MEM	☐ Delete	TITLE	MGR MEM	☒ Change	☐ Addition
NAME	HARRIS, TRACY J JR		NAME			
STREET ADDRESS	701 INDIANA AVENUE		STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP			
TITLE	MEM	☐ Delete	TITLE	MGR MEM	☒ Change	☐ Addition
NAME	KEARNEY, BING		NAME			
STREET ADDRESS	911 SEDDON COVE WAY		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	500003891545--5 -03/21/01--01118--003 *****50.00 *****50.00		
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			
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.

SIGNATURE: _Tracy J. Harris, Jr._   3/9/01   813-621-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #