2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

Apr 29, 2004 08:00 AM **Secretary of State DOCUMENT # L99000008253** 1. Entity Name CHARA, LLC Principal Place of Business Mailing Address 9625 WES KEARNEY WAY PO BOX 5299 RIVERVIEW, FL 33569 TAMPA, FL 33675-5299 04072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3613201 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HARRIS, TRACY J JR. DO NOT WRITE 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 IN THIS SPACE 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, 2004 9. MANAGING MEMBERS/MANAGERS MGRM TITLE HARRIS, TRACY J JR 701 INDIANA AVENUE STREET ADDRESS U00000138650 CITY - ST - ZIP PALM HARBOR, FL 34683 04/29/04-80089-010 50.0**0** MGRM KEARNEY, BING NAME 911 SEDDON COVE WAY STREET ADDRESS CITY-ST-7IP TAMPA, FL 33602 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE

FILED

RIVED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

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 exercise or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.