


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008253 1. Entity Name CHARA, LLC	
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Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	Mailing Address PO BOX 5299 TAMPA, FL 33675-5299
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DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3613201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, TRACY J JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569

DO NOT WRITE 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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 34883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602
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<p>U00000343916 04/29/05-80115-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/27/05 813-621-7454
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>