


**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"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HARRIS, TRACY J JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**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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UD00000343316  
 04/29/05-80115-022 50.00

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: 	Date: 4/27/05	Daytime Phone #: 813-621-7454
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