


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90096 007 ****55.00

DOCUMENT # M02000000364 1. Entity Name CHARTER US, LLC			
Principal Place of Business: 5928 OLD GREENVILLE HIGHWAY LIBERTY SC 29657		Mailing Address: 5928 OLD GREENVILLE HIGHWAY LIBERTY SC 29657	
2. Principal Place of Business		3. Mailing Address 2400 SUNRISE KEY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE FL	
Zip	Country	Zip 33304	Country BROWARD
6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. 200 AVIATION DRIVE SUITE 2 NAPLES FL 34104		7. Name and Address of New Registered Agent Name ALEX NICHOLS Street Address (P.O. Box Number is Not Acceptable) 2400 SUNRISE KEY City FT. LAUDERDALE FL Zip Code 33304	
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 <i>Alex Nichols</i> ALEX NICHOLS DATE 9/16/04 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLS, ALEX 5928 OLD GREENVILLE HIGHWAY LIBERTY SC 29657	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Alex Nichols</i> member.		Date 9/16/04 Daytime Phone # 954-467-1940	



MOORE CR2E083 (4/04)