

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000004151**

1. Entity Name  
**CHARTER MANAGER, LLC**



Principal Place of Business  
**13030 LAKEHURST COURT  
FT. MYERS, FL 33913**

Mailing Address  
**13030 LAKEHURST COURT  
FT. MYERS, FL 33913**



01122005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1713825**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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  
**MGR  
EVANS, MARGARET  
13030 LAKEHURST COURT  
FT. MYERS, FL 33913**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MEYER, SCOTT  
18319 TEMPLE AVE.  
PORT CHARLOTTE, FL 33948**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
EVANS, MARGARET  
13030 LAKEHURST CT  
FORT MYERS, FL 33913**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000184500  
01/20/05-80032-015 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Margaret Evans* **MARGARET EVANS** 1-12-05 239-437-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #