2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# M03000004151

Entity Name: CHARTER MANAGER, LLC

Current Principal Place of Business:

13030 LAKEHURST COURT
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13030 LAKEHURST COURT
FT. MYERS, FL 33913

New Mailing Address:

FEI Number: 06-1713825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	EVANS, MARGARET	
Address:	13030 LAKEHURST COURT	
City-St-Zip:	FT. MYERS, FL 33913	
Title:	MGRM	( ) Delete
Name:	MEYER, SCOTT	
Address:	18319 TEMPLE AVE.	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	MGRM	( ) Delete
Name:	EVANS, MARGARET	
Address:	13030 LAKEHURST CT	
City-St-Zip:	FORT MYERS, FL 33913	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 01/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date