

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004151

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CHARTER MANAGER, LLC

## Current Principal Place of Business:

13030 LAKEHURST COURT  
FT. MYERS, FL 33913 US

## New Principal Place of Business:

## Current Mailing Address:

13030 LAKEHURST COURT  
FT. MYERS, FL 33913 US

## 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:

EVANS, MARGARET  
13030 LAKEHURST COURT  
FT MYERS, FL 33913 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 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

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date