

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003548

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: CHARRETTE LLC

**Current Principal Place of Business:**

31 OLYMPIA AVE  
WOBURN, MA 01801

**New Principal Place of Business:**

**Current Mailing Address:**

31 OLYMPIA AVE  
WOBURN, MA 01801

**New Mailing Address:**

FEI Number: 61-1413196      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: MGRM ( ) Delete  
Name: FORD, JOHN J III  
Address: 4 JOHN MATTHEWS RD  
City-St-Zip: SOUTHBOROUGH, MA

Title: MGRM (X) Delete  
Name: JOHNSON, RICHARD A  
Address: 46 PHILIPS TER  
City-St-Zip: WALTHAM, MA

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEMHARTER, JOSEPH  
Address: 721 UNION BLVD  
City-St-Zip: TOTOWA, NJ 07512

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: JOSEPH DEMHARTER

MGRM

07/06/2007

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