

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000000971

1. Entity Name

CHARLESTON SQUARE APARTMENTS, L.L.C.



Principal Place of Business

8050 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Mailing Address

3190 NE EXPRESSWAY, SUITE 410
ATLANTA, GA 30341

DO NOT WRITE IN THIS SPACE

07032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

58-2104715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BERKMAN, DAVID
3190 NE EXPRESSWAY, #410
ATLANTA, GA 30341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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09/06/06-80002-025 668.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #