


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90001 003 ****55.00

DOCUMENT # Z00402		
1. Entity Name CHARGER MANAGEMENT GROUP, L.C.		

Principal Place of Business 235 VIA VISCAYA PALM BEACH, FL 33480	Mailing Address 235 VIA VISCAYA PALM BEACH, FL 33480
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64000011



2. Principal Place of Business P.O. Box CB 10974 Suite, Apt. #, etc. Conchrest 8D City & State NASSAU Zip Country BAHAMAS	3. Mailing Address P.O. Box CB 10974 Suite, Apt. #, etc. Conchrest 8D City & State NASSAU Zip Country BAHAMAS
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04242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0268563	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOSOY, BRIAN D. 235 VIA VISCAYA PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) One North Clematis St. - Ste. 305 City West Palm Beach, FL Zip Code 33401
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOSOY, COLLEEN 235 VIA VISCAYA PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box CB 10974 Conchrest 8D NASSAU, BAHAMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOSOY, DAVID 235 VIA VISCAYA PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box CB 10974 Conchrest 8D NASSAU, BAHAMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Kosoy David Kosoy, Managing 4-27-04 (561) 835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Member