2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # Z00402

1. Entity Name
CHARGER MANAGEMENT GROUP, L.C.

Principal Place of Business	Mailing Address
P.O. BOX CB10974 CONCHREST 8D NASSAU, BAHAMAS, XX	P.O. BOX CB10974 CONCHREST 8D NASSAU, BAHAMAS, XX

04112006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0268563
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSOY, BRIAN D.
ONE NORTH CLEMATIS ST
STE 305
WEST PALM BEACH, FL 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 _____
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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOSOY, COLLEEN
STREET ADDRESS	P.O. BOX CB10974 CONCHREST 8D
CITY-ST-ZIP	NASSAU, BAHAMAS, BH
TITLE	MGRM
NAME	KOSOY, DAVID
STREET ADDRESS	P.O. BOX CB10974 CONCHREST 8D
CITY-ST-ZIP	NASSAU, BAHAMAS, BH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David Kosoy 04-19-06 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #