## **2006 LIMITED LIABILITY COMPANY**

## **FILED**

ANNUAL REPORT				Apr 24, 2006_08:00 A
DOCUMENT # M0000001996  1. Entity Name CHARDAY, LLC			Secretary of State	
Principal Place 222 GRAND ENGLEWOOL		Mailing Address 222 GRAND AVE. ENGLEWOOD, NJ 07631		
DO NOT WRITE IN THIS SPA			CE	04182006 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For Not Applicable  22-3754308 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
the obligate	tions of registered agent.		ed office or register  d Agent signature required	ed agent, or both, in the State of Florida. I am familiar with, and accept when reinstating)  DATE
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEF MGRM SCHMIDT, PAUL JR 222 GRAND AVE. ENGLEWOOD, NJ 07631	S/MANAGERS		02\08\08-ຍົດລີ5-ຄົດລີ ກົບບົບບົບຂອງວີລີ
TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		<i>A</i>		

11. I hereby certify that the information supplied with this fling does not cualty-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 that 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

Date

Daylime Phone #