


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90122 004 ****75.00

DOCUMENT # L01000005230					
1. Entity Name CHULEW, L.C.					
Principal Place of Business 5980 N.W. 64TH AVENUE, #309 TAMARAC, FL 33319			Mailing Address 5980 N.W. 64TH AVENUE, #309 TAMARAC, FL 33319		
2. Principal Place of Business		3. Mailing Address 27312 Long Lake Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Wind Lake, WI 53185		4. FEI Number 65-1096387	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHULEW, BERNARD W 5980 N.W. 64TH AVENUE, #309 TAMARAC, FL 33319			7. Name and Address of New Registered Agent		
CHULEW, BERNARD W 5980 N.W. 64TH AVENUE, #309 TAMARAC, FL 33319			Name Linda L. Snelling, Esq.		
			Street Address (P.O. Box Number is Not Acceptable) Sachs Sax Klein		
			City Boca Raton FL 33431		
			Zip Code 33431		
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 <u>Linda L. Snelling</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHULEW, BERNARD W 5980 N.W. 64TH AVENUE, #309 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Lisa Barrett 27312 Long Lake Road Wind Lake, WI 53185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <u>7/31/06</u> Daytime Phone # _____					