

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022260

Entity Name: CH LAUNDRY ASSOCIATES, LLC

FILED  
Mar 31, 2006  
Secretary of State

**Current Principal Place of Business:**

13951 NE 2ND CT  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

18905 NE 25TH AVENUE  
MIAMI, FL 33180

**New Mailing Address:**

FEI Number: 02-0640449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLANDER, AARON  
18905 NE 25TH AVE  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAJCHENBACH, JACK  
Address: 6633 NORTH LINCOLN AVENUE  
City-St-Zip: LINCOLNWOOD, IL 60712

Title: MGR ( ) Delete  
Name: HOLLANDER, BERNARD  
Address: 6633 NORTH LINCOLN AVE  
City-St-Zip: LINCOLNWOOD, IL 60712

Title: MGR ( ) Delete  
Name: HOLLANDER, AARON  
Address: 18905 NE 25TH AVE  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AARON HOLLANDER

MGR

03/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date