


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000000285</b> 1. Entity Name <b>CHAD INVESTOR LLC</b>	
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Principal Place of Business <b>560 VILLAGE BOULEVARD SUITE 335 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>560 VILLAGE BOULEVARD SUITE 335 WEST PALM BEACH, FL 33409</b>
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01272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1183828</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SELLARI, GARY B  
560 VILLAGE BOULEVARD  
SUITE 335  
WEST PALM BEACH, FL 33409**

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SELLARI, GARY B 560 VILLAGE BOULEVARD WEST PALM BEACH, FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ANDERSON, J. RONALD 560 VILLAGE BOULEVARD WEST PALM BEACH, FL 33409</b>
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02/09/06-80067-017 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_