

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90279 037 \*\*\*\*50.00

<b>DOCUMENT # L03000009609</b>					
<b>1. Entity Name</b> CASSELSQUARE LLC					
<b>Principal Place of Business</b> 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433			<b>Mailing Address</b> 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02182004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 41-2085447				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHAPIRO, MICHAEL B 7777 GLADES ROAD, SUITE 200 SHAPIRO, BLASI & WASSERMAN, P.A. BOCA RATON, FL 33434			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSH, ALVIN 1 BARSTROW ROAD GREAT NECK, NY 11021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN TRUSTEE 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN TRUSTEE 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN TRUSTEE 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN TRUSTEE 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN TRUSTEE 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>		Steven Levin, Managing Member February 19 2004 (865) 584-4175			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	