

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000009609

1. Entity Name
CASSELSQUARE LLC



Principal Place of Business
20131 POWERLINE ROAD, SUITE 312
BOCA RATON, FL 33433

Mailing Address
20131 POWERLINE ROAD, SUITE 312
BOCA RATON, FL 33433

PO Box

Knoxville, TN 37939

DO NOT WRITE IN THIS SPACE

**FILED
Apr 12, 2005 8:00 am
Secretary of State**

04-12-2005 90015 042 ****50.00



02012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2085447	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B
7777 GLADES ROAD, SUITE 200
SHAPIRO, BLASI & WASSERMAN, P.A.
BOCA RATON, FL 33434

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVIN, STEVEN
STREET ADDRESS	20131 POWERLINE ROAD, SUITE 312
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	MGRM
NAME	RUSH, ALVIN
STREET ADDRESS	1 BARSTROW ROAD
CITY-ST-ZIP	GREAT NECK, NY 11021

TITLE	MGRM
NAME	LEVIN, STEVEN TRUSTEE
STREET ADDRESS	20131 POWERLINE ROAD, SUITE 312
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

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

Steven Levin, Managing Member

3/21/05

Date

Daytime Phone #