

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90049 028 ****50.00

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|---|---|---------------------------------|---|---|--|
| DOCUMENT # L03000009609 | | | | | |
| 1. Entity Name CASSELSQUARE LLC | | | | | |
| Principal Place of Business 20131 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433 | | | Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37839 | | |
| 2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. SUITE 425 | | Suite, Apt. #, etc. | | | |
| City & State BOCA RATON, FL | | City & State | | | |
| Zip 33432 | | Country | | Zip 33432 | |
| Country | | Country | | | |
| 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 | | | | | |
| 7. Name and Address of New Registered Agent Name: Shapiro, Michael B Street Address (P.O. Box Number is Not Acceptable): 7777 Glades Road, Suite 400 Shapiro, Blasi, Wasserman & Gora, P.A. City: Boca Raton FL Zip Code: 33434 | | | | | |
| 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>Michael B. Shapiro</u> DATE: <u>3/13/06</u> <small>(Signature, if needed, of registered name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| 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 LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>Steven Levin, Managing Member</u> <u>3/13/06</u> (561) 948-7100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |