

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000009609**

1. Entity Name  
**CASSELSQUARE LLC**



Principal Place of Business  
**925 S FED HWY STE 425  
BOCA RATON, FL 33432**

Mailing Address  
**P.O. BOX 11229  
KNOXVILLE, TN 37839**



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**SHAPIRO, MICHAEL B  
7777 GLADES RD STE 400  
SHAPIRO BLASI WASSERMAN & GORA PA  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGRM                  |
| NAME           | LEVIN, STEVEN         |
| STREET ADDRESS | 925 S FED HWY STE 425 |
| CITY-ST-ZIP    | BOCA RATON, FL 33432  |

|                |                      |
|----------------|----------------------|
| 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 | 925 S FED HWY STE 425 |
| CITY-ST-ZIP    | BOCA RATON, FL 33432  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

U00000862894  
04/03/08-80071-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**Steven Levin, Managing Member**

**(561) 9487100**

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

Date

Daytime Phone #