

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
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DO NOT WRITE IN THIS SPACE



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 41-2085447	Applied For 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 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN 925 S FED HWY STE 425 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSH, ALVIN 1 BARSTROW ROAD GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN TRUSTEE 925 S FED HWY STE 425 BOCA RATON, FL 33432
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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:  **Steven Levin, Managing Member** (561) 9487100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #