

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009609

Entity Name: CASSELSQUARE LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

925 S FED HWY STE 425
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 11229
KNOXVILLE, TN 37839

New Mailing Address:

P.O. BOX 11229
KNOXVILLE, TN 37939

FEI Number: 41-2085447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, MICHAEL B
7777 GLADES RD STE 400
SHAPIRO BLASI WASSERMAN & GORA PA
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVIN, STEVEN
Address: 925 S FED HWY STE 425
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: RUSH, ALVIN
Address: 1 BARSTROW ROAD
City-St-Zip: GREAT NECK, NY 11021

Title: MGRM () Delete
Name: LEVIN, STEVEN TRUSTEE
Address: 925 S FED HWY STE 425
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: RUSH, STEPHEN, DR.
Address: 90 MERRIVALE
City-St-Zip: GREAT NECK, NY 11021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date