

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029343

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: CHANDE ASSOCIATES, LLC

**Current Principal Place of Business:**

BLDG. 1 CONDO 107  
1001 WEST OCEAN DRIVE  
KEY COLONY BEACH, FL 33051

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. CHARLES A. NEIDITZ  
52 ALGONQUIN ROAD  
FAIRFIELD, CT 06825

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEIDITZ, CHARLES A DR  
BLDG. 1 CONDO 107  
1001 WEST OCEAN DRIVE  
KEY COLONY BEACH, FL 33051 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: NEIDITZ, CHARLES A DR  
Address: 52 ALGONQUIN ROAD  
City-St-Zip: FAIRFIELD, CT 06825

Title: MGRM ( ) Delete  
Name: NEIDITZ, SANDRA  
Address: 52 ALGONQUIN ROAD  
City-St-Zip: FAIRFIELD, CT 06825

**ADDITIONS/CHANGES:**

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

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

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: DR. CHARLES A. NEIDITZ

MGRM

01/23/2008

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