

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029343

FILED
Jan 20, 2009
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:

C/O DR. CHARLES A. NEIDITZ
67 GATE RIDGE ROAD
FAIRFIELD, CT 06825

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: MGRM (X) Change () Addition
Name: NEIDITZ, CHARLES A DR
Address: 67 GATE RIDGE ROAD
City-St-Zip: FAIRFIELD, CT 06825

Title: MGRM (X) Change () Addition
Name: NEIDITZ, SANDRA
Address: 67 GATE RIDGE ROAD
City-St-Zip: FAIRFIELD, CT 06825

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: CHARLES A. NEIDITZ, M.D.

MGRM

01/20/2009

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