


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90029 014 ****50.00

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| DOCUMENT # L04000088046 |  |
| 1. Entity Name CASHALLE, LLC | |

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| Principal Place of Business 11505 FAIRCHILD GARDENS AVENUE, SUITE PALM BEACH GARDENS FL 33410 | Mailing Address 11505 FAIRCHILD GARDENS AVENUE, SUITE PALM BEACH GARDENS FL 33410 |
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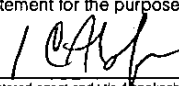


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| 2. Principal Place of Business 4167 MAIN STREET Suite, Apt. #, etc. ABACO A ANTIGUA AT TOWN CENTER City & State JUPITER, FL Zip 33458 Country U.S. | 3. Mailing Address 4167 MAIN STREET Suite, Apt. #, etc. ABACO A ANTIGUA AT TOWN CENTER, ABACO A City & State JUPITER, FL Zip 33458 Country U.S. |
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1st MOORE CR2E083 (10/04)

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| 4. FEI Number 65-0574494 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALOFS, TODD C 11505 FAIRCHILD GARDENS AVENUE, SUITE 201 PALM BEACH GARDENS FL 33410 | |
| 7. Name and Address of New Registered Agent Name ALOFS, TODD C. Street Address (P.O. Box Number is Not Acceptable) 4167 MAIN STREET ANTIGUA AT TOWN CENTER, ABACO A City JUPITER FL Zip Code 33458 | |

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  3.5.05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALOFS, TODD C 11505 FAIRCHILD GARDENS AVENUE, SUITE 201 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALOFS, TODD C. 4167 MAIN STREET, ANTIGUA AT TOWN CENTER, ABACO A JUPITER, FL. 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 3.5.05 561-622-1558 Daytime Phone #