


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000088046	
1. Entity Name CASHALLE, LLC	
	
Principal Place of Business 4167 MAIN STREET ANTIGUA AT TOWN CENTER, ABACOA JUPITER, FL 33458 US	Mailing Address 4167 MAIN STREET ANTIGUA AT TOWN CENTER, ABACOA JUPITER, FL 33458 US



04192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0574494	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 4167 MAIN STREET ANTIGUA AT TOWN CENTER, ABACOA JUPITER, FL 33458	DO NOT WRITE IN THIS SPACE
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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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		1000000531387 05/06/06-80042-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALOFS, TODD C 4167 MAIN STREET ANTIGUA AT TOWN CENTER JUPITER, FL 33458	DO NOT WRITE IN THIS SPACE
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/06 561-622-1558