

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000092266**

1. Entity Name  
**CHALLOP EAST, LLC**



Principal Place of Business

**1350 E. NEWPORT CENTER DRIVE, SUITE 206  
DEERFIELD BEACH, FL 33442**

Mailing Address

**1350 E. NEWPORT CENTER DRIVE, SUITE 206  
DEERFIELD BEACH, FL 33442**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2059550**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAY LAW OFFICES  
ATTN: JAMES R. KAY, ESQ  
700 VILLAGE SQUARE CROSSING, STE 102B  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REIBLING, GUENTHER  
1350 E NEWPORT CENTER DR., SUITE 206  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KASSOF, LINDA  
1350 E NEWPORT CENTER DR., SUITE 206  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MCFADDEN, JEFF K  
1560 ORANGE AVENUE, STE 610  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REIBLING, LORENZ  
118 MILK STREET  
BOSTON, MA 02109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MERRIGAN, PETER  
118 MILK STREET  
BOSTON, MA 02109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000678387  
04/03/07-80020-017 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Linda Kassof**

**3-23-07**

**954 478-4585**

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

Date

Daytime Phone #