2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000092339

1. Entity Name
CHALLOP WEST, LLC

Principal Place of Business	Mailing Address
1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2059521
☐ 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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000931947
02/27/08-80036-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E NEWPORT CENTER DR., STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E NEWPORT CENTER DR., STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MCFADDEN, JEFF K
STREET ADDRESS	1560 ORANGE AVENUE, SUITE 610
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	REIBLING, LORENZ
STREET ADDRESS	118 MILK STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	MERRIGAN, PETER
STREET ADDRESS	118 MILK STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 14 Feb. 2008 954-428-4584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #