

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000033042



1. Entity Name
CANES ASSOCIATES LLC

Principal Place of Business
2500 WESTON ROAD, SUITE 302
WESTON, FL 33331

Mailing Address
2500 WESTON ROAD, SUITE 302
WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

**FILED
Feb 05, 2007 8:00 am
Secretary of State**

02-05-2007 90197 034 ****50.00



02022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2649818	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

**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	MGR
NAME	MESSING, ELLIOT
STREET ADDRESS	2500 WESTON ROAD, SUITE 302
CITY-ST-ZIP	WESTON, FL 33331

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:

2/2/07 954-388-JJ/J

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

Date

Daytime Phone #