

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034927

FILED
Feb 03, 2006
Secretary of State

Entity Name: CHAI, LLC

Current Principal Place of Business:

18671 COLLINS AVENUE, #702
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

18671 COLLINS AVENUE, #702
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-2685565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I
2021 TYLER STREET
HOLLYWOOD, FL 33020MGR US

Name and Address of New Registered Agent:

BLAIR, LAURENCE I
2255 GLADES ROAD
ONE BOCA PLACE - SUITE 411E
BOCA RATON, FL 33431 US

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.

SIGNATURE: LAURENCE I. BLAIR

02/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, DAVID
Address: 18671 COLLINS AVENUE, #702
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR () Delete
Name: COHEN, RIVKA
Address: 18671 COLLINS AVENUE, #702
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, DAVID
Address: 18671 COLLINS AVENUE, #702
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM (X) Change () Addition
Name: COHEN, RIVKA
Address: 18671 COLLINS AVENUE, #702
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID COHEN

MGRM

02/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date