


FILED
Jul 30, 2007 8:00 am
Secretary of State

05-14-2007 90366 019 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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DOCUMENT # L05000079322 1. Entity Name CHU ENTERPRISES, LLC			
Principal Place of Business 12274 67 STREET NORTH WEST PALM BEACH, FL 33412		Mailing Address 12274 67 STREET NORTH WEST PALM BEACH, FL 33412	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHI, LAHGI 12274 67 STREET NORTH WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
4. FEI Number 20-3293167		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHU, LAM CHEUK 12274 67 STREET NORTH WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADRID, CARLOS A 12274 67 STREET NORTH WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHI, ENNAR J 12274 67 STREET NORTH WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Carlos A. Madrid</i>		Date: 7/26/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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05102007 Chg-LLC CR2E083 (12/06)

Bank of America 05/02/07 & 1069 - 40113082