

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099805

**Entity Name:** CASCADE PROPERTIES LLC

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6617 ASHBURN RD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6617 ASHBURN RD  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 55-0895992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHILLARIGE, SRIVENUGOPAL  
6617 ASHBURN RD  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHILLARIGE, SAILAJA  
Address: 6617 ASHBURN RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM  
Name: CHILLARIGE, SRIVENUGOPAL  
Address: 6617 ASHBURN RD  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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: SRIVENUGOPAL CHILLARIGE

MR

01/21/2010

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