2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L05000103407

Entity Name: CASCADE MULTIPURPOSE CENTER, LLC

Current Principal Place of Business:

1700 NW 14TH STREET
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1700 NW 14TH STREET
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-3500565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUTAIN, ALLISON N
1700 NW 14TH STREET
FT. LAUDERDALE, FL 33311 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:	MGRM	( ) Delete
Name:	COUTAIN, ALLISON N	
Address:	1700 NW 14TH STREET	
City-St-Zip:	FT. LAUDERDALE, FL 33311	
Title:	MGRM	( ) Delete
Name:	COUTAIN-DACRES, SANDRA	
Address:	1700 NW 14TH STREET	
City-St-Zip:	FT. LAUDERDALE, FL 33311	
Title:	MGRM	( ) Delete
Name:	COUTAIN-MARSHALL, NICOLE L	
Address:	1700 NW 14TH STREET	
City-St-Zip:	FT. LAUDERDALE, FL 33311	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SANDRA COUTAIN-DACRES MGRM 04/16/2007

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