

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114432

FILED
Apr 26, 2007
Secretary of State

Entity Name: CHALDE INVESTOR'S GROUP, LLC

Current Principal Place of Business:

2144 WHITE PINE CIRCLE, SUITE D
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

2144 WHITE PINE CIRCLE, SUITE D
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 20-3889316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXIS, FRANTZ
2144 WHITE PINE CIRCLE, SUITE D
WEST PALM BEACH, FL 33415 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: ALEXIS, FRANTZ
Address: 2144 WHITE PINE CIRCLE, SUITE D
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM () Delete
Name: DEFRAND, DARD
Address: 523 NW 17TH PLACE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: MGRM () Delete
Name: CHERIZARD, JACQUELIN
Address: 308 NW AVE. K
City-St-Zip: BELLE GLADE, FL 33430

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 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: ALEXIS FRANTZ

MGRM

04/26/2007

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