


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90330 047 ****55.00

DOCUMENT # L06000112468
 1. Entity Name
 CHAZAK VE'AMATZ REALTY INVESTORS, LLC



Principal Place of Business: C/O BRETT MUSCATELL, 2203 89TH STREET NW, BRADENTON, FL 34209
 Mailing Address: C/O BRETT MUSCATELL, PO BOX 261924, TAMPA, FL 33685

2. Principal Place of Business - No P.O. Box #: [Blank]
 3. Mailing Address: C/O BRETT MUSCATELL, P.O. Box 341854, TAMPA FLORIDA, Zip 33694, Country USA

60047254



04302007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
 MUSCATELL, BRETT
 2203 89TH STREET NW
 BRADENTON, FL 34209

4. FEI Number: [Blank] Applied For: [Not Applicable]
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: [Signature] BRETT MUSCATELL (NOTE: Registered Agent signature required when reinstating)
 DATE: 04/28/07

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: MUSCATELL, BRETT STREET ADDRESS: P.O. BOX 261924 CITY-ST-ZIP: TAMPA, FL 33685	<input type="checkbox"/> Delete	TITLE: MGRM NAME: MUSCATELL, BRETT STREET ADDRESS: P.O. BOX 341854 CITY-ST-ZIP: TAMPA, FL 33694	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: [Signature] BRETT MUSCATELL, MGRM 04/28/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 813-436-5388