


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L97000000268 1. Entity Name CHRISDEL, L.C.	
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Principal Place of Business 785 HARBOUR ISLES COURT NORTH PALM BEACH, FL 33410	Mailing Address 785 HARBOUR ISLES COURT NORTH PALM BEACH, FL 33410
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01242005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0738969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAASCHE-SAUNDERS, IDELLE H  
785 HARBOUR ISLES COURT  
NORTH PALM BEACH, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAASCHE-SAUNDERS, IDELLE H 785 HARBOUR ISLES COURT NORTH PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAUNDERS, CHRISTOPHER C 785 HARBOUR ISLES COURT NORTH PALM BEACH, FL 33410
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04/13/05-80083-022 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

*Idelle H. Paasche-Saunders*

SIGNATURE: *Idelle H. Paasche-Saunders*      Date: 4/08/05      Daytime Phone #: 561.493.8068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #