


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L9700000268 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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03072006 No Chg-LLC CR2E083 (11/05)

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

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

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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 04/29/06-80196-010 50.00

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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: *Idelle H. Pasche-Saunders* **Idelle H. Pasche-Saunders** *4/11/06* **4/11/06** *561-493-8068* **561-493-8068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #