


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000001806</b> 1. Entity Name CHADWICK GROUP USA, LC	
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Principal Place of Business 3410 GALT OCEAN DR. SUITE 1803-N FT LAUDERDALE, FL 33308	Mailing Address 3410 GALT OCEAN DR. SUITE 1803-N FT LAUDERDALE, FL 33308
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01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0864037	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  PAGAN, WALTER J 3410 GALT OCEAN DR. SUITE 1803-N FT LAUDERDALE, FL 33308
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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

000000211721  
02/02/05-80129-020 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAGAN, WALTER 3410 GALT OCEAN DR. SUITE 1803-N FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAGAN, GAIL 3410 GALT OCEAN DR. SUITE 1803-N FT LAUDERDALE, FL 33308
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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.
<b>SIGNATURE:</b> <i>Walter J. Pagan</i> <b>Walter J. Pagan, 2/1/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small>
<small>Daytime Phone #</small>