

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L98000001806

1. Entity Name
CHADWICK GROUP USA, LC



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**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0864037

Applied For
Not Applicable

5. Certificate of Status Desired



\$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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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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04/18/08-80039-016 143.75

**DO NOT WRITE
IN THIS SPACE**

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: *X Walter Pagan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/08

Date

(954) 564.0046

Daytime Phone #

WALTER PAGAN