

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90209 041 ****55.00

DOCUMENT # L99000002054

1. Entity Name
CHAI DEVELOPMENT, LLC



Principal Place of Business
**1350 N. OCEAN BLVD
POMPANO BEACH, FL 33062**

Mailing Address
**1350 N. OCEAN BLVD
POMPANO BEACH, FL 33062**



DO NOT WRITE IN THIS SPACE

01252004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0912584

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEISMAN, DAVID
2021 TYLOR ST.
HOLLYWOOD, FL 33020**

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | MINKIN, CAROL |
| STREET ADDRESS | 4405 WOODFIELD BLVD |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | MGR |
| NAME | MINKIN, JOSHUA |
| STREET ADDRESS | 4405 WOODFIELD BLVD. |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/04

Date

Daytime Phone #