2005 LIMITED LIABILITY COMPANY
ANNUAL-REPORT

DOCUMENT # L99000002054

1. Entity Name
CHAI DEVELOPMENT, LLC

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

DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0912584	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

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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
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, 2005

000000213010
02/03/05-80052-014 55.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____   CAROL MINKIN 1/3/05   754 590-1000

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