

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007434

FILED
Mar 22, 2006
Secretary of State

Entity Name: CASCADE INVESTMENTS, L.L.C.

Current Principal Place of Business:

101 CASCADE LANE
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

PO BOX 10593
RIVIERA BEACH, FL 33419

New Mailing Address:

PO BOX 14906
NORTH PALM BEACH, FL 33408

FEI Number: 65-0966523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLANEY, DONALD K
321 NORTHLAKE BLVD SUITE 214A
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MULLANEY, DONALD K
Address: 321 NORTHLAKE BLVD. SUITE 214A
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: COSCIA, JACK
Address: 131 WAVERLY ROAD
City-St-Zip: WINCOTE, PA 19095

Title: MGR () Delete
Name: SUNSKEY, MICHAEL
Address: 9685 APACHE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD K MULLANEY

MGR

03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date