2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M06000003048

CASÚAL MALE JAREDM LLC



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

555 TURNPIKE STREET CANTON, MA 02021

555 TURNPIKE STREET CANTON, MA 02021



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4774445

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, DAVID A 555 TURNPIKE STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNREICH, DENNIS R 555 TURNPIKE STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/17/07-80081-013 50.00

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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 expany or the exercise empowered to execute this report as redigined by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-3-07

Date

781-828-9300

DEWNIS R. HERNREICH

MANAGER

Daytime Phone #