


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # M97000000633 |  |
| 1. Entity Name CHADER ASSOCIATES LLC | |

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| Principal Place of Business C/O THE NEWKIRK GROUP TWO JERICO PLAZA, WING A, SUITE 111 JERICO, NY 11753 | Mailing Address C/O THE NEWKIRK GROUP TWO JERICO PLAZA, WING A, SUITE 111 JERICO, NY 11753 |
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01042006No Chg-LLC

CR2E083 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 13-3049257 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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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, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHADER MANAGER LLC TWO JERICO PLAZA, WING A, SUITE 111 JERICO, NY 11753 |
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02/23/06 80063-016 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 company or the partner or proprietor authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *By: Chader Manager LLC, managing member*
By: MUP Manager Corp., manager
By: Allison Talar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR AUTHORIZED REPRESENTATIVE

1/23/06
822 0022
Date Daytime Phone #