

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000067

FILED
Apr 28, 2008
Secretary of State

Entity Name: CASSELBERRY ASSOCIATES LLC

Current Principal Place of Business:

C/O THE COLONY HOTEL
155 HAMMON AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

C/O PERETZ, RESNICK & CO., LLP
303 S. BROADWAY, SUITE 105
TARRYTOWN, NY 105915410

New Mailing Address:

FEI Number: 13-4072871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 (X) Delete
Name: EDELMAN, MARTIN L
Address: 75 EAST 55TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: WETENHALL, ROBERT C
Address: 155 HAMMON AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Delete
Name: PERETZ, DAVID M
Address: 303 S BROADWAY, STE. 105
City-St-Zip: TARRYTOWN, NY 10591

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 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: DAVID M. PERETZ

MGR

04/28/2008

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