


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90042 009 ***138.75

DOCUMENT # L07000033704					
1. Entity Name CADAC NORTH AMERICA, LLC.					
Principal Place of Business 3860 N. POWERLINE ROAD, #100 POMPANO BEACH FL 33073			Mailing Address 3860 N. POWERLINE ROAD, #100 POMPANO BEACH FL 33073		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 208763764	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
				Applied For Not Applicable	



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent YANOWITCH, PETER J 232 ANDALUSIA AVENUE, SUITE 350 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent	
				Name DOYLE, KEVIN ANDREW	
				Street Address (P.O. Box Number is Not Acceptable) 3860 N POWERLINE RD SUITE #100	
				City POMPANO BEACH	
				State FL	
				Zip Code 33073	


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 KEVIN ANDREW DOYLE (MGRM) DATE 3/24/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAUVIER, DANIEL		NAME		
STREET ADDRESS	3860 N. POWERLINE ROAD, #100		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33073		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, KEVIN		NAME		
STREET ADDRESS	1342 S. POWERLINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, JOHN K		NAME		
STREET ADDRESS	4 TURTLE GROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	VILLAGE OF GOLF FL 33436		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YANOWITCH, PETER J		NAME		
STREET ADDRESS	232 ANDALUSIA AVENUE, SUITE 350		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN DOYLE (MGRM)  DATE 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #