2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006313

1. Entity Name

CASABELLA DEVELOPMENT, LLC

FILED 01 FEB 21 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WL 2/21

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1900 SOUTH HARBOR CITY BLVD., SUITE 216 MELBOURNE FL 32901	~~1900 SOUTH HARBOR CITY BLVD., SUITE 216~~ ~~MELBOURNE FL 32901~~

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 1000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MELBOURNE, FL	
Zip	Country	Zip: 32902-1000	Country: USA

4. FEI Number: 59-3650089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LAWRENCE, PHIL~~ ~~1900 SOUTH HARBOR CITY BLVD., SUITE 216~~ ~~MELBOURNE FL 32901~~	Name: JOEL S. MOSS Street Address (P.O. Box Number is Not Acceptable): 47 WEST NEW HAVEN AVE. SUITE 200 City: MELBOURNE FL Zip Code: 32901

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.

SIGNATURE: Joel S Moss DATE: 2/9/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RONALD D. LEVY		NAME		
STREET ADDRESS	855 SANDERLING DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	V.P.	☐ Delete	TITLE	000003782820--9 -02/27/01--01086--012 *****50.00 *****50.00	☐ Change ☐ Addition
NAME	NORMA LEVY		NAME		
STREET ADDRESS	855 SANDERLING DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 2/16/01 (321) 7725384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)