

FILED  
Aug 13, 2002 8:00 am  
Secretary of State

05-07-2002 90391 043 \*\*\*\*50.00

5/7/2002-90391-04

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018335

1. Entity Name  
CASELUS, LLC

Principal Place of Business  
236 EAST LAKE ROAD #200  
PALM HARBOR FL 34685

Mailing Address  
304 EAST LAKE ROAD #200  
PALM HARBOR FL 34685

2. Principal Place of Business  
Suits, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suits, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Debted  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
JACOBSON, RICHARD A  
501 E. KENNEDY BLVD  
SUITE 1700  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
Name: JOHN M. DAVIDSON  
Street Address (P.O. Box Number is Not Acceptable): 1956 BARKHIRE ROAD  
City: DUNEDIN FL 33426

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE: *[Signature]* DATE: 7/1/02

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Dr. Pierluigi Carulli Po Box 3008 CH6901 Lugano Switzerland President</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CREATED (8/10)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, plus I am a managing member or manager of the limited liability company or the partner or trustee authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/22/02

SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE