

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 03, 2004  
Secretary of State**

DOCUMENT# L02000003613

Entity Name: CASA VERDE 501, LLC

**Current Principal Place of Business:**

238 WEST KING STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

238 WEST KING STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 04-3611043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGUINNESS, A.J.  
238 WEST KING STREET  
ST. AUGUSTINE, FL 32084 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: MCGUINNESS, A.J.  
Address: 238 WEST KING STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR ( ) Delete  
Name: MCGUINNESS, GAIL  
Address: 5167 HOLLY ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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 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 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: A.J. MCGUINNESS

MGR

02/03/2004

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