

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054987

FILED
Jan 16, 2006
Secretary of State

Entity Name: CASCAIS 25, L.L.C.

Current Principal Place of Business:

4760 SW 163RD PLACE
MIAMI, FL 33185

New Principal Place of Business:

11421 NW 68TH TERRACE
DORAL, FL 33178

Current Mailing Address:

4760 SW 163RD PLACE
MIAMI, FL 33185

New Mailing Address:

11421 NW 68TH TERRACE
DORAL, FL 33178

FEI Number: 51-0546015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET
SUITE C-201
MIAMI, FL 33172 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: MGRM () Delete
Name: MUCHAGATO DE DA ROCH, ELIZABETH
Address: 4760 SW 163RD PLACE
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: DA ROCHA, MANUEL
Address: 4760 SW 163RD PLACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUCHAGATO DE DA ROCH, ELIZABETH
Address: 11421 NW 68TH TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: DA ROCHA, MANUEL
Address: 11421 NW 68TH TERRACE
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: DA ROCHA, MANUEL

MGRM

01/16/2006

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