2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 03, 2008 08:00 A Secretary of State DOCUMENT # L06000107434 1. Entity Name CAS HOLDINGS, LLC Principal Place of Business Mailing Address 250 AVENUE K, S.W., SUITE 103 250 AVENUE K, S.W., SUITE 103 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 01142008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 20-5852887 Not Applicable \$5.00 Additional and the second of the second o 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRINSON, J. KEMP 255 MAGNOLIA AVE., S.W. DO NOT WRITE WINTER HAVEN, FL 33880 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE NAME TAMPOSI-WILLIAMS COMPANY 250 AVENUE K, S.W., SUITE 103 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-21-00

FILED

Daytime Phone #