


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
Feb 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # L00000004518  
1. Entity Name  
CASA BLANCA PARTNERS, L.L.C.



Principal Place of Business 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756	Mailing Address 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756
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01282004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3642599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BYRD, ROBERT W  
1208 SOUTH MYRTLE AVENUE  
CLEARWATER, FL 33756

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00 Due by May 1, 2004**

L000000042452  
02/10/04-80024-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BYRD, ROBERT W 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, JOHN M 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Robert W. Byrd 02/05/04 727-461-0859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #