

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006295

Entity Name: CASEY LAW OFFICE, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

9240 BONITA BEACH ROAD, SUITE 2209
SUNSHINE PROFESSIONAL CENTER
BONITA SPRINGS, FL 341332527

Current Mailing Address:

P.O. BOX 2527
BONITA SPRINGS, FL 341332527

New Principal Place of Business:

9240 BONITA BEACH ROAD, SUITE 1109
SUNSHINE PROFESSIONAL CENTER
BONITA SPRINGS, FL 341332527

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, PATRICK B
9240 BONITA BEACH ROAD, SUITE 2209
SUNSHINE PROFESSIONAL CENTER
BONITA SPRINGS, FL 341332527 US

Name and Address of New Registered Agent:

CASEY, PATRICK B
9240 BONITA BEACH ROAD, SUITE 1109
SUNSHINE PROFESSIONAL CENTER
BONITA SPRINGS, FL 341332527 US

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: PATRICK B. CASEY, J.D., CPA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASEY, PATRICK B
Address: 9240 BONITA BEACH ROAD, SUITE 2209
City-St-Zip: BONITA SPRINGS, FL 341332527

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASEY, PATRICK B
Address: 9240 BONITA BEACH ROAD, SUITE 1109
City-St-Zip: BONITA SPRINGS, FL 341332527

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK B. CASEY, J.D., CPA

MGRM

04/30/2008

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