

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010990

Entity Name: CASA PROPERTIES, L.L.C.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

SUITE 415
6278 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

SUITE 415
6278 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1087787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKE, JOCHEN
SUITE 415
6278 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 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: LUCKE, FLORIAN
Address: 6278 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: LUCKE, ILSE
Address: 6278 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: LUCKE, JOCHEN
Address: 6278 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOCHEN LUCKE

MGR

04/16/2005

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