

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002308

FILED
Mar 17, 2006
Secretary of State

Entity Name: CAS ADVISORY MANAGEMENT, LLC

Current Principal Place of Business:

3066 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 34103

New Principal Place of Business:

3066 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 34103 US

Current Mailing Address:

3066 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 34103

New Mailing Address:

3066 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 34103 US

FEI Number: 65-1082683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KANTOR, KIM CICCARELLI
3066 TAMIAMI TRAIL NORTH
STE 202
NAPLES, FL 34103 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: MGR () Delete
Name: KANTOR, KIM CICCARELLI
Address: 716 SHADOW LAKE LANE
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: RAPPS, JILL C
Address: 2521 AUGUSTA DRIVE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KANTOR, KIM CICCARELLI
Address: 285 GRANDE WAY, UNIT 1202
City-St-Zip: NAPLES, FL 34110

Title: MGR (X) Change () Addition
Name: RAPPS, JILL C
Address: 2102 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110

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: KIM CICCARELLI KANTOR

MGR

03/17/2006

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