2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L01000002308

Entity Name: CAS ADVISORY MANAGEMENT, LLC

Current Principal Place of Business:

3066 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3066 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-1082683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: 285 GRANDE WAY, UNIT 1202
City-St-Zip: NAPLES, FL 34110

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

ADDITIONS/CHANGES:

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 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 01/18/2008

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