2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2004 8:00 am Secretary of State DOCUMENT # L01000003945 1. Entity Name-02-16-2004 90161 033 ****50.00 CASA-OF INDIAN ROCKS, LLC Principal Place of Business Mailing Address 19535 GULF BLVD., SUITE B 19535 GULF BLVD., SUITE B INDIAN SHORES FL 33785 INDIAN SHORES FL 33785 2. Principal Place of Business 3. Mailing Address DULA Blud 2000 / 2000 1 Suite, Apt. #. etc. Suite, Apt. #, etc MOORE CR2E083 (11/03) # # 5 City & State City & State Applied For 4. FEI Number 59-3705800 India Indian Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired inellas 33785 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAGE, STEVE 19535 GULF BLVD Street Address (P.O. Box Number is Not Acceptable) STE B INDIAN ROCKS BEACH FL 33785 Zip Code FL 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. 2/10/04 of name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE The lete Change Addition NAME PAGE, STEPHEN J JUH Blud-#5 NAME STREET ADDRESS 19535 GULF BLVD., SUITE B STREET ADDRESS CITY-ST-ZIP INDIAN SHORES FL 33785 CITY-ST-ZIP MGR TITLE ☐ Delete NAME LYONS, ROBERT E NAME STREET ADDRESS 19535 GULF BLVD STE B STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Date Daytime Phone #