


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008096	
1. Entity Name CAAP HOLDINGS, LLC	

Principal Place of Business 4738 GRAND BLVD, STE E NEW PORT RICHEY, FL 34662	Mailing Address 4738 GRAND BLVD, STE E NEW PORT RICHEY, FL 34662
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3721467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALTMAN, ROBERT N
5628 MAIN ST.
NEW PORT RICHEY, FL 34652

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IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

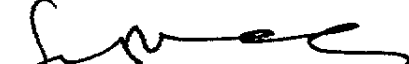
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUDHIR, AGARWAL 4738 GRAND BLVD, STE 3 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D USHA, AGARWAL 4738 GRAND BLVD, STE E NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOPAL, CHALVARYA 4738 GRAND BLVD, STE 3 NEW PORT RICHEY, FL 34652
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04/15/04-80061-007 50.00

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:  **4/13/04 727-848-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SUDHIR AGARWAL, MD