

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 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**

DO NOT WRITE IN THIS SPACE



04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3721467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME SUDHIR, AGARWAL
STREET ADDRESS 4738 GRAND BLVD, STE 3
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D
NAME USHA, AGARWAL
STREET ADDRESS 4738 GRAND BLVD, STE E
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D
NAME GOPAL, CHALVARYA
STREET ADDRESS 4738 GRAND BLVD, STE 3
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000562248
05/19/06-80044-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TITLE OF PERSON SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #