

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005519

Entity Name: CASINA, L.C.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

3 CASA ROMA LANE #3
KEY WEST, FL 33040

New Principal Place of Business:

324 WILLIAM ST
KEY WEST, FL 33040

Current Mailing Address:

3 CASA ROMA LANE #3
KEY WEST, FL 33040

New Mailing Address:

324 WILLIAM ST
KEY WEST, FL 33040

FEI Number: 02-0562962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLONCAMP, KEVIN
3 CASA ROMA LANE #3
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MELLONCAMP, KEVIN
324 WILLIAM ST
KEY WEST, FL 33040 US

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:

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MELLONCAMP, KEVIN
Address: 3 CASA ROMA LANE #3
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: SANTUCCI, JAMES
Address: 3 CASA ROMA LANE #3
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MELLONCAMP, KEVIN
Address: 324 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: SANTUCCI, JAMES
Address: 324 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

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: KEVIN MELLONCAMP

M

01/04/2006

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