2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L02000005519

Entity Name: CASINA, L.C.

Current Principal Place of Business:

1417 ASHBY ST, APT 1
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1417 ASHBY ST, APT 1
KEY WEST, FL 33040

New Mailing Address:

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
1417 ASHBY ST, APT 1
KEY WEST, FL 33040 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: MGRM ( ) Delete
Name: MELLONCAMP, KEVIN
Address: 324 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MELLONCAMP, KEVIN
Address: 1417 ASHBY ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change ( ) Addition
Name: SANTUCCI, JAMES
Address: 1417 ASHBY ST.
City-St-Zip: KEY WEST, FL 33040

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: KEVIN MELLONCAMP MGMR 03/17/2009

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