2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # L02000009156** 1. Entity Name CASÁ JARDIN DEVELOPMENT, LLC Principal Place of Business Mailing Address 1901 WOODWARD ST. 1901 WOODWARD ST. ORLANDO, FL 32803 ORLANDO, FL 32803 04132005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1413614 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TROVILLION, DOUGLAS P DO NOT WRITE 1901 WOODWARD ST. ORLANDO, FL 32803 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE TROVILLION, DOUGLES P NAME U00000320892 04/21/05-80058-803 50.00 STREET ADDRESS 1901 WOODWARD ST. CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 emprened to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE