2005 LIMITED LIABILITY COMPANY

May 04, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000014637** 05-04-2005 90049 019 ****50.00 C.A.S. REALTY, L.L.C. Mailing Address Principal Place of Business 951 BROKEN SOUND PARKWAY, SUITE 250 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 Cha-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 30-0146316 Not Applicable Zip Country Zip Country \$5.00 Additional. 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MESSINGER, JOEL Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PRKWY SUITE 250 **BOCA RATON, FL. 33487** Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition Change | TITLE ☐ Delete ₹ITI E KROSS, JONATHAN NAME 951 BROKEN SOUND PARKWAY, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP PD Change ☐ Delete Addition MESSINGER, JOEL NAME NAME 951 BROKEN SOUND PRKWY STE 250 STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP BOCA RATON, FL. 33487 ☐ Delete ☐ Change ☐ Addition TITLE TITLE MESSINGER, NANCY 951 BROKEN SOUND PRKWY STE 250 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition mle ☐ Delete

11. I hereby certify that the information supplied with this filling 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

TILE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

FILED

☐ Change

Addition