


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000014637 1. Entity Name C.A.S. REALTY, L.L.C.	
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Principal Place of Business 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487	Mailing Address 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487
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04282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0146316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MESSINGER, JOEL 951 BROKEN SOUND PRKWY SUITE 250 BOCA RATON, FL 33487

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

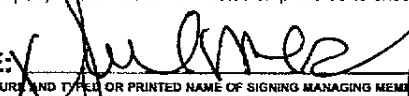
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KROSS, JONATHAN 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MESSINGER, JOEL 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MESSINGER, NANCY 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/19/06-80041-003 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:  **JOEL MESSINGER** 4/28/06 561-994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #