

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90072 036 ***138.75

DOCUMENT # L02000014637

1. Entity Name
C.A.S. REALTY, L.L.C.



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

2. Principal Place of Business - No P.O. Box #
1901 SOUTH CONGRESS

3. Mailing Address
1901 SOUTH CONGRESS

Suite, Apt. #, etc.

City & State
BOYNTON BEACH

City & State
BOYNTON BEACH

Zip
33426

Country
PALM BEACH

Zip
33426

Country
PALM BEACH

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
30-0146316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

Name
PATRICK GARCIA

Street Address (P.O. Box Number is Not Acceptable)
1901 SOUTH CONGRESS STREET

City
BOYNTON BEACH

FL

Zip Code
33426

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 **FEBRUARY 6, 2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSINGER, JOEL 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICK GARCIA 1901 SOUTH CONGRESS STREET BOYNTON BEACH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **2/6/2008** **561-994-1788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #