2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 14, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Socretary of State	A171
DOCU	MENT # L02000017	105		Secretary of State	е
1. Entity Name CASA DEL MAR, LLC					
Principal Plac	ce of Business	Mailing Address			
4135 LAGUNA STREET, SUITE B 4135 LAGUNA STREET, SUITE		В			
CUKAL GABI	LES, FL 33146	CORAL GABLES, FL 33146			10) m me
		· · · · · · · · · · · · · · · · · · ·			
!	grand and the second se	and the second s	om in isa mi Li≦ila		ili 1881
	O NOT WOITE	IN THIS COA	^E	07062004 No Chg-LLC CR2E083 (10/03)	
L.	OO NOT WRITE	IN THIS SPA	UE	4. FEI Number Applie NOT APPLICABLE Not Ap	d For oplicable
			ا د کیا در دستوند در او مستوند در	5 Cortificate of Status Destrod 7 \$5.00 Addition	_
	6. Name and Address of Current F	Registered Agent		Fee Required	
MATEL! E	RONEY I]		
MATEU, RONEY J 4135 LAGUNA STREET, SUITE B				DO NOT WRITE	
CORAL GABLES, FL 33146			į	IN THIS SPACE	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and	accept
	XX	b		7/10/04	
SIGNATURE.	Signature, typed or printed name of automorphism agent a	o musif applicable. (NOTE Registere	d Agent signature required	when reinstating) DATE	<u>. </u>
Fi Due i	ling Fee is \$50.00 by September 8, 2004				
9.	MANAGING MEMBE	RS/MANAGERS			
TITLE	MGRM			000000166144 07/14/04-30005-007 50.00	
name Street address	MATEU, RONEY J 4135 LAGUNA STREET, SUITE F	3			
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE NAME	}				
STREET ADDRESS					
CITY+ST-ZIP	<u> </u>			and the control of th	
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE	 		1	· · · · · · · · · · · · · · · · · · ·	
NASAE	}			IN THIS SPACE	
STREET ADDRESS City-St-Zip	}				
TITLE			1		
			_		
NAME					-
NAME STREET ADDRESS					=
NAME		<u> </u>			-
NAME STREET ADDRESS CITY-ST-ZIP		s			

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

2004
205-442-9443

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

Date

Daytime Phone #