

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026742

FILED
Feb 27, 2005
Secretary of State

Entity Name: CASA LOMA HOSPITALITY, LLC

Current Principal Place of Business:

3608 DEL PRADO BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3608 DEL PRADO BLVD
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 22-3877215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTHWELL, KAREN
3608 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BOTHWELL INVESTMENT, GRAY MNGMT, LT D
Address: 3281 CROSSINGS CT., UNIT 101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: RDB INVESTMENTS, LLC,
Address: 3281 CROSSINGS CT., UNIT 101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: TROPICAL RESORTS, IN, C
Address: 1683 PERSIMMON DRIVE
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: FIORETTI, RICHARD
Address: 1683 PERSIMMON DR
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: FIORETTI, BRENDA
Address: 1683 PERSIMMON DR
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: BOTHWELL, KAREN
Address: 3281 CROSSINGS CT #101
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD FIORETTI

MGR

02/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date