2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# L02000026742

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/MANAGERS:

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 Chapter 119, 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: BRENDA FIORETTI MGR 04/29/2006

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