

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026742

FILED
Mar 16, 2009
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:

1683 PERSIMMON DRIVE
NAPLES, FL 34109

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:

FIORETTI, BRENDA
1683 PERSIMMON DRIVE
NAPLES, FL 34109 US

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: BRENDA FIORETTI

03/16/2009

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: MGR (X) Change () Addition
Name: FIORETTI, BRENDA
Address: 1683 PERSIMMON DRIVE
City-St-Zip: NAPLES, FL 34109

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

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 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

03/16/2009

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