

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027273**

1. Entity Name

CASA LOMA HOLDINGS, L.L.C.



Principal Place of Business

635 SOMMERS HAMMOCK LANE  
MERRITT ISLAND, FL 32953

Mailing Address

PO BOX 542307  
MERRITT ISLAND, FL 32954



02232004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

47-0903623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOCH, DAVID C  
635 SOMMERS HAMMOCK LANE  
MERRITT ISLAND, FL 32953

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000067600  
02/27/04-80006-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME KOCH, DAVID C  
STREET ADDRESS 635 SOMMERS HAMMOCK LANE  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE MGR  
NAME KOCH, VERNON R  
STREET ADDRESS 635 SOMMERS HAMMOCK LANE  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: *David C Koch*

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

Date

Daytime Phone #

381  
2-23-04 258-5503