

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90077 048 \*\*\*\*50.00

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<b>DOCUMENT # L02000029735</b> 1. Entity Name <b>CAASI INVESTMENTS L.L.C.</b>					
Principal Place of Business <b>5130 LINTON BLVD STE. 4D-5D DELRAY BEACH, FL 33484</b>			Mailing Address <b>5130 LINTON BLVD STE. 4D-5D DELRAY BEACH, FL 33484</b>		
2. Principal Place of Business <b>6200 W ATLANTIC AVE</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>DELRAY BEACH, FL</b>		City & State		4. FEI Number <b>81-0578445</b>	
Zip <b>33484</b>		Country <b>PAUM BEACH</b>		Zip Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				01052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>THOMPSON, EMMANUEL 5130 LINTON BLVD STE. 4D-5D DELRAY BEACH, FL 33484</b>			7. Name and Address of New Registered Agent Name <b>THOMPSON, EMMANUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>6200 W ATLANTIC AVE, #100</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33484</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMPSON, ISAACK A</b> <b>5130 LINTON BLVD #40150</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b> <u>Isaac Thompson</u> <span style="float: right;">1/28/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					