2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000029735

1. Entity Name

CAASI INVESTMENTS L.L.C.



Principal Place of Business Mailing

6200 W. ATLANTIC AVE #100

DELRAY BEACH, FL 33484

Mailing Address

6200 W. ATLANTIC AVE #100

DELRAY BEACH, FL 33484

FILED May 02, 2008 08:00 AN Secretary of State



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 81-0578445 Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, EMMANUEL 6200 W. ATLANTIC AVE #100 DELRAY BEACH, FL 33484

SIGNATURE AND TYPED OR PRINTE

DO NOT WRITE IN THIS SPACE

O

561-499-9292

Daytime Phone *

	named entity submits this statement for the purpose of chilons of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		***************************************
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, ISAAC K 6200 W. ATLANTIC AVE #100 DELRAY BEACH, FL 33484		U00000943886 05/29/08-80077-021 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
THE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, 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.

ISMAC THOMPSION

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE