

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90067 024 ***138.75

DOCUMENT # L02000030716					
1. Entity Name CASA DEL SOL OF TEQUESTA, L.L.C.					
Principal Place of Business 658 WEST INDIANTOWN ROAD SUITE 211 JUPITER, FL 33458			Mailing Address 4400 MARSH LENDING BLVD #2 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4400 MARSH LANDING BLVD # 2			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 2		01102008 Chg-LLC CR2E083 (12/06)	
City & State		City & State Ponte Vedra Beach, FL 32082		4. FEI Number 11-3671788	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
32082		USA			
6. Name and Address of Current Registered Agent GIRVIN, D.R. ESQ. 1080 EAST INDIANTOWN ROAD STE. 102 JUPITER, FL 33477			7. Name and Address of New Registered Agent		
			Name Robert G. Bruce		
			Street Address (P.O. Box Number is Not Acceptable) 4400 MARSH LANDING BLVD # 2		
			City Ponte Vedra Beach FL Zip Code 32082		
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				DATE 2/19/08	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELM, JAMES T PO BOX 3967 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUCE, ROBERT G 4400 MARSH LENDING BLVD #2 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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.					
SIGNATURE:				DATE 2/19/08 (904) 285-0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					