

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034228

Entity Name: CASAS, LLC

FILED  
Jul 14, 2004  
Secretary of State

## Current Principal Place of Business:

6175 NW 167 STREET  
#G 30  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

6175 NW 167 STREET  
#G 30  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 02-0670428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBELO, EDUARDO E  
6175 NW 167 STREET  
#G 30  
MIAMI, FL 33015

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: ROBELO, EDUARDO  
Address: 6175 NW 167 STREET #G 30  
City-St-Zip: MIAMI, FL 33015

Title: MGR ( ) Delete  
Name: ROBELO, MICHAEL A  
Address: 6175 NW 167 STREET #G 30  
City-St-Zip: MIAMI, FL 33015

Title: MGR ( ) Delete  
Name: ROBELO, ARNOLDO R  
Address: 6175 NW 167 STREET #G 30  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES:

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 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 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: EDUARDO E. ROBELO

MGR

07/14/2004

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