2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000009970

1. Entity Name
CASCADES, L.L.C.

Principal Place of Business	Mailing Address
13000 N. DALE MABRY HIGHWAY TAMPA, FL 33618	13000 N. DALE MABRY HIGHWAY TAMPA, FL 33618

01052006No Chg-LLC   CR2E083 (11/05)

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4. FEI Number	Applied For
56-2357181	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, JOEL R
2655 MCCORMICK DRIVE
CLEARWATER, FL 33759

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHANNON, THOMAS J JR
STREET ADDRESS	13000 N. DALE MABRY HIGHWAY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/11/06-80050-002 50.00

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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: _____   01/05/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

THOMAS J. SHANNON, JR.