FILED
Jun 16, 2004 8:00 am
Secretary of State
04-30-2004 90061 033 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017314

1. Entity Name
CASA DEL MARINA, LLC

34008679

Principal Place of Business	Mailing Address
520 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750 US	520 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750 US

2. Principal Place of Business	3. Mailing Address
610 Jasmine Rd	610 Jasmine Rd
Suite, Apt. #, etc. Suite 1010	Suite, Apt. #, etc. Suite 1010
City & State Altamonte Springs Fl	City & State Altamonte Springs Fl
Zip 32701 Country USA	Zip 32701 Country USA

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1667702 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKS, JACK W
520 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Roger V Murray 610 Jasmine Rd st 1010 Altamonte Springs Fl 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: ______________________ 3/17/04 407331 8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #