

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90041 002 ****50.00

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04072007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000017942 1. Entity Name CASEY DEVELOPMENT GROUP, LLC					
Principal Place of Business 16375 NE 18 AVENUE, #331 N MIAMI BEACH, FL 33162			Mailing Address 16375 NE 18 AVENUE, #331 N MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box # 777 - 41st Street Suite, Apt. #, etc. 2nd Floor		3. Mailing Address 777 - 41st Street Suite, Apt. #, etc. 2nd Floor			
City & State Miami Beach, Florida		City & State Miami Beach, Florida		4. FEI Number 56-2367318	
Zip 33140		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENALLOUN, ALBELRT 16375 NE 18 AVENUE, #331 N MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 - 41st Street, 2nd Floor City Miami Beach FL Zip Code 33140		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENALLOUN, ALBERT A <input type="checkbox"/> Delete 16375 NE 18 AVE SUITE 331 NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Benalloun, Albert A. 3748 Prairie Avenue Miami Beach, Florida 33140-3430	
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	
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	
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	
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	
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:			APRIL 25 2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		