2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
03-09-2004 90294 041 ****50.00

DOCUMENT # L03000022221

1. Entity Name

CASAMAR DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
2263 N.W. BOCA RATON BLVD., SUITE 209 BOCA RATON FL 33431	2263 N.W. BOCA RATON BLVD., SUITE 209 BOCA RATON FL 33431

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
199 NW 9th ST		199 NW 9th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON, FLORIDA		City & State: BOCA RATON, FL	
Zip: 33432	Country: USA	Zip: 33432	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTHMAN, LEE MAX 2295 N.W. CORPORATE BLVD., SUITE 110 BOCA RATON FL 33431	Name: HENRY FRANKY Street Address (P.O. Box Number is Not Acceptable): 199 NW 9th ST City: BOCA RATON FL Zip Code: 33432

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] 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	FRANKY, HENRY		NAME		
STREET ADDRESS	2263 N.W. BOCA RATON BLVD., SUITE 209		STREET ADDRESS	199 NW 9th ST	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 3-3-04 561-338-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #