DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000022221 1. Entity Name CASÁMAR DEVELOPMENT, L.L.C.

Principal Place of Business

199 NW 9TH ST. BOCA RATON, FL 33432 Mailing Address

199 NW 9TH ST.

BOCA RATON, FL 33432

FILED Feb 07, 2007 8:00 am Secretary of State

02-07-2007 90112 021 ****50.00



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

FRANKY, HENRY 199 NW 9TH ST BOCA RATON, FL 33432

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

DO NOT WRITE IN THIS SPACE

12/07

		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renatating) DATE
F(iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKY, HENRY 199 NW 9TH ST. BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
11. I hereby indicated limited lie	certify that the information supplied with this filing does not on this report is true and accurate and that my signature supplied with the report of the does not the terminal that my signature is the company of the does	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE