


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAY -7 AM 10: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035688			
1. Entity Name CASAM 3110 LLC			
Principal Place of Business C/O SAMUEL & CO., LLC 3110 NE 2ND AVENUE MIAMI, FL 33137		Mailing Address C/O SAMUEL & CO., LLC 3110 NE 2ND AVENUE MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # c/o Midtown Equities		3. Mailing Address c/o Midtown Equities	
Suite, Apt. #, etc. 417 Fifth Ave., 9th Floor		Suite, Apt. #, etc. 417 Fifth Ave., 9th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10016	Country	Zip 10016	Country
4. FEI Number 20-0250087		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SAMUEL, MICHAEL 3110 NE 2ND AVENUE MIAMI, FL 33313-7		7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue City Tallahassee FL Zip Code 32301	
8. The above person/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 <u>Kathy Wansch, Asst. Sec.</u> DATE <u>5/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PFEFFER, DAN 417 FIFTH AVE., 9TH FLOOR NEW YORK, NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cayre 3110 LLC c/o Midtown Equities 417 Fifth Avenue, 9th Floor New York, NY 10016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, MICHAEL 3110 NE 2ND AVENUE MIAMI, FL 33137 <input checked="" 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	900129481309 05/14/08--01041--009 **143.75 <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: <u>Daniel Cayre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5/6/08</u> Daytime Phone # <u>212-726-0716</u>	