



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 009 ****50.00

DOCUMENT # L03000037523					
1. Entity Name CASA VILLAGIO, LLC					
Principal Place of Business 1509 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US			Mailing Address 1509 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business 990 Stinson Way Suite, Apt. #, etc. Ste 201 City & State West Palm Bch, FL Zip 33411 Country Palm Bch		3. Mailing Address 990 Stinson Way Suite, Apt. #, etc. Ste 201 City & State West Palm Bch, FL Zip 33411 Country Palm Bch			
05122006 Chg-LLC CR2E083 (11/05)				4. FEI Number 52-2404273	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DESANTIS, GASKILL, SMITH & SHENKMAN P.A. ATTN: ROBERT C. HACKNEY, ESQ. 11891 U.S. HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARUSO, DENNIS J 15009 N. MILITARY TRAIL WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Caruso, Dennis J. 990 Stinson Way, Ste 201 West Palm Bch, FL 33411	<input checked="" 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
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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: _____ Robert C. Hackney, Esq. 5/12/06 561 622 2700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					