


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90349 037 \*\*\*\*50.00

<b>DOCUMENT # L03000037523</b>	
1. Entity Name <b>CASA VILLAGIO, LLC</b>	

Principal Place of Business <b>990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 US</b>	Mailing Address <b>990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

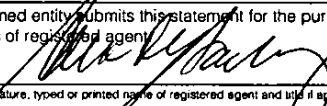


04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>52-2404273</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

6. Name and Address of Current Registered Agent <b>DESANTIS, GASKILL, SMITH &amp; SHENKMAN P.A. ATTN: ROBERT C. HACKNEY, ESQ. 11891 U.S. HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name <b>Robert C. Hackney, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Moyle Flanigan et al</b> <b>625 N. Flagler Dr. - 9th Floor</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>	
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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  **Robert C. Hackney, Esq.** DATE **4/5/07**

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

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARUSO, DENNIS J 990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411</b> <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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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:  **Robert C. Hackney** DATE **4/5/07** DAYTIME PHONE # **561-776-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE