

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053482

FILED
May 13, 2007
Secretary of State

Entity Name: FRED L CASEY LLC

Current Principal Place of Business:

2195 ORANGE DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

2195 ORANGE DRIVE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 20-0464421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASEY, FRED L
2195 ORANGE DRIVE
PORT ORANGE, FL 32128 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASEY, FRED L
Address: 2195 ORANGE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: CASEY, DANIEL S
Address: 3705 PAGE STREET
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM () Delete
Name: DIEKMAN, COREY
Address: 55 SPRINGWOOD SQUARE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRED L. CASEY

MGR

05/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date