2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056778

1. Entity Name
KEITH CASSON LLC

Principal Place of Business	Mailing Address
1951 N. MERIDIAN ROAD, #38 TALLAHASSEE, FL 32303	P.O. BOX 180415 TALLAHASSEE, FL 32318-0415

DO NOT WRITE IN THIS SPACE

04152006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
92-0188188	Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASSON, KEITH P
1951 N. MERIDIAN ROAD, #38
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

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 _____

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

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CASSON, KEITH P
STREET ADDRESS	P.O. BOX 180415
CITY-ST-ZIP	TALLAHASSEE, FL 323180415

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/15/06   (850) 422-2590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #