


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015946 1. Entity Name CASA PERU LLC	
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Principal Place of Business 1802-102 N. UNIVERSITY DR. SUITE # 350 SUNRISE, FL 33322 US	Mailing Address 1802-102 N. UNIVERSITY DR. SUITE # 350 SUNRISE, FL 33322 US
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DO NOT WRITE IN THIS SPACE



03102006No Chg-LLC

CRZE083 (11/05)

4. FEI Number 57-1200908	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNA, GABHAN A 1802-102 N. UNIVERSITY DR. SUITE #350 SUNRISE, FL 33322

**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 _____

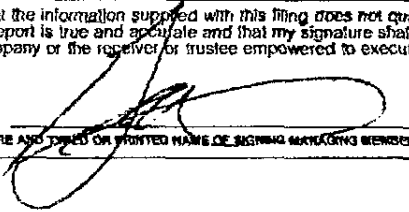
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNA, GABHAN A 1802-102 N. UNIVERSITY DR. SUNRISE, FL 33322
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03/23/06 80005-022 50.00

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 605, Florida Statutes.

SIGNATURE: 	10 MAR 2006	954 673 6376
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>