

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022407

FILED
Jul 07, 2006
Secretary of State

Entity Name: CASA GRANDE FLORIDA, L.L.C.

Current Principal Place of Business:

318 INDIAN TRACE SUITE 619
WESTON, FL 33326

New Principal Place of Business:

318 INDIAN TRACE # 619
WESTON, FL 33326

Current Mailing Address:

318 INDIAN TRACE SUITE 619
WESTON, FL 33326

New Mailing Address:

318 INDIAN TRACE # 619
WESTON, FL 33326

FEI Number: 55-0861231 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: LOPEZ-CEPERO, JOSE R
Address: 1538 VICTORIA ISLE WAY
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: SESTO, VILMA M
Address: 1538 VICTORIA ISLE WAY
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

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 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: JOSE R. LOPEZ-CEPERO

MGRM

07/07/2006

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