2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# L04000028336

Entity Name: CASU, LLC

Current Principal Place of Business:

17851 PINE RIDGE ROAD, #2
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

675 ASTARIAS CIRCLE
FORT MYERS, FL 33919 US

Current Mailing Address:

17851 PINE RIDGE ROAD, #2
FORT MYERS BEACH, FL 33931

New Mailing Address:

675 ASTARIAS CIRCLE
FORT MYERS, FL 33919 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICHOLS, JAMES L ESQ.
8191 COLLEGE PARKWAY, SUITE 204
FORT MYERS, FL 33919 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/MEMBERS:

Title: MGRM ( ) Delete
Name: BEERS, CAROL L
Address: 6675 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete
Name: CRAIG, SUSAN L
Address: 6675 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BEERS, CAROL L
Address: 675 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM (X) Change ( ) Addition
Name: CRAIG, SUSAN L
Address: 675 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL L. BEERS MGRM 03/15/2005

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