


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
07 NOV 26 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000028904					
1. Entity Name CASA PROJECT, LLC					
Principal Place of Business 1931 KATIE HILL WAY WINDERMERE, FL 34786			Mailing Address 1931 KATIE HILL WAY WINDERMERE, FL 34786		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0761007	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POHL & SHORT, P.A. 280 W. CANTON AVE., STE. 410 WINTER PARK, FL 32790			7. Name and Address of New Registered Agent Name: Garrett Law Firm, P.A. Street Address (P.O. Box Number is Not Acceptable): 1850 Lee Road, Ste. 330 City: Winter Park, FL Zip Code: 32789		
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: <i>C. Duval Moore H</i> DATE: 11/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JENSEN, GARY A 1931 KATIE HILL WAY WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	243 Genius Drive Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400112716874 11/30/07--01012--014 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Gary Jensen</i> DATE: 11/21/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**REINSTATEMENT 2007**