2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000042107

1. Entity Name
CASSAT CENTER, LLC

Principal Place of Business	Mailing Address
5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205	5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

01272006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

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

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6. Name and Address of Current Registered Agent

LIBERA, DANIEL C
5353-1 RAMONA BLVD.
JACKSONVILLE, FL 32205

7. 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
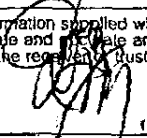
Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIBERA, DANIEL C
STREET ADDRESS	5353-1 RAMONA BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000410385
02/09/06-80034-008 50.00

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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: _Daniel C. Libera, Managing Member   1-30-06   904-786-4700_

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