2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

DOCU 1. Entity Nam CASAVIL		488 ***********************************				01-10-2005	90054 039 ***	*50.00
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Principal Place of Business 160 S. HIBISCUS DRIVE MIAMI BEACH, FL 33139		Mailing Address 160 S. HIBISCUS DRIVE MIAMI BEACH, FL 33139					RI IBIBET III TEBL	
2. Principal Place of Business		3. Mailing Address						
: - 'Suite, Apt. #:etc		Suite, Apt. #, etc		01062005	Chg-LLC	CR2E083 (10/0	3)	
City & State		City & State			4. FEI Number 75-3	160622		Applied For Not Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	□ \$5.00 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent		N	7. Name and	Address of New R	legistered Agent	
V/II L ABAAB	IAN ALEVANDED			Name				
VILLAMANAN, ALEXANDER 160 S. HIBISCUS DRIVE MIAMI BEACH, FL 33139				Street Address (P.O. Box Number is Not Acceptable)				
	,							
		constraints.		City				Code
	named entity submits this statement for tions of agistered agent.	the purpose of changing its	registere	d office or register	red agent, or bot	h, in the State of Flo	rida. Tam tamiliar w	· I
	Signature typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)	Mak	DATE	
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- Fi	-	-	E: Registered	Agent signature required	d when reinstating)		e check payable a Department of S	
9. tale	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	-	10.		d when reinstating)	Florida	e check payable a Department of S	tate
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11. I hereby certify that the information supplied with this filling does not qualify 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 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. Averapiez

SIGNATURE: VILLACTAN AN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

VICLAMANAN

1605

Date

305-604-3833

Daytime Phone #