
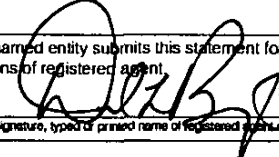
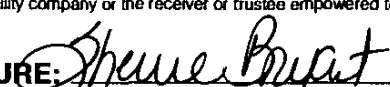


FILED
Apr 28, 2005 8:00 am
Secretary of State

14002730

[REDACTED]

DOCUMENT # L04000061145				Secretary of State 04-28-2005 90023 021 ****50.00	
1. Entity Name CASA RIO DEVELOPMENT, LLC					
Principal Place of Business 4280 DOW ROAD, SUITE 108 MELBOURNE, FL 32934		Mailing Address 4280 DOW ROAD, SUITE 108 MELBOURNE, FL 32934			
2. Principal Place of Business 817 N. HARBOR CITY BLVD Suite, Apt. #, etc. UNIT #1		3. Mailing Address P.O. BOX 362024 Suite, Apt. #, etc.		04232005 Chg-LLC CR2E083 (10/03)	
City & State MELBOURNE FL		City & State MELBOURNE FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 32935	Country USA	Zip 32936	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, DAVID L 4280 DOW ROAD, SUITE 108 MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  (For ADDRESS CHANGES ONLY) DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM SHERRIE S. BRYANT 50 ELEVENTH AV # 301 INDIALANTIC, FL 32903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM DAVID L. BRYANT 50 ELEVENTH AV # 301 INDIALANTIC, FL 32903		
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		
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		
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		
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		
11. I hereby certify that the information supplied with this filing 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.					
SIGNATURE:  Sherrie S. Bryant 4-25-05 321-961-6331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					