

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

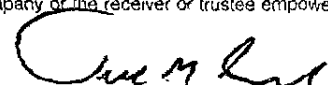
DOCUMENT # L04000077244			
1. Entity Name CASA DE MAYO DEVELOPMENT, LLC			
Principal Place of Business 226 NORTH DUVAL STREET TALLAHASSEE FL 32301		Mailing Address P.O. BOX 13633 TALLAHASSEE FL 32317	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 20-2819903 Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32312		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		DATE	
Signature, typed or printed name of registered agent and so on, if applicable.		(NOTE: Registered Agent Signature required when transferring)	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	



1st MOORE CR2E083 (10/05)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000445375 03/07/06-80042-008 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/22/06

Date

Daytime Phone #