

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078069

Entity Name: CASACARERS FLORIDA, LLC

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

43350 US HIGHWAY 27  
STE A10  
DAVENPORT, FL 33837 US

## New Principal Place of Business:

2064 HEMMINGWAY AVENUE  
HAINES CITY, FL 33844 US

## Current Mailing Address:

43350 US HIGHWAY 27  
STE A10  
DAVENPORT, FL 33837 US

## New Mailing Address:

2064 HEMMINGWAY AVENUE  
HAINES CITY, FL 33844 US

FEI Number: 20-1850042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARTER, STEPHEN  
43350 US HIGHWAY 27  
STE A10  
DAVENPORT, FL 33837 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: TEMPLE, ANNE  
Address: 1508 OAKHILL TRAIL  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGR ( ) Delete  
Name: MALKI, MICHAEL  
Address: 43350 US HIGHWAY 27, STE A10  
City-St-Zip: DAVENPORT, FL 33837 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: OWEN, JEFFREY  
Address: 4064 HEMMINGWAY AVE  
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFF OWEN

MR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date