

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006248

Entity Name: CASA LAS BRISAS, LLC

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

453 4TH AVE N  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2083  
ST PETERSBURG, FL 33731

**New Mailing Address:**

FEI Number: 20-2222911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TERRIER PROPERTIES,LLC  
4098 COQUINA KEY DR SE  
ST PETERSBURG, FL 33705 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: TERRIER PROPERTIES,L, LC  
Address: 4098 COQUINA KEY DR SE  
City-St-Zip: ST PETERSBURG, FL 33705

Title: MGRM ( ) Delete  
Name: COSTA LINDA,LLC,  
Address: 16448 TURNBURY DR  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TERRIER PROPERTIES,L, LC  
Address: 4098 COQUINA KEY DR SE  
City-St-Zip: ST PETERSBURG, FL 33705

Title: MGR (X) Change ( ) Addition  
Name: COSTA LINDA,LLC,  
Address: 16448 TURNBURY DR  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PETER FORD

MGRM

01/06/2006

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