

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90135 013 ****55.00

DOCUMENT # L05000012572					
1. Entity Name CASA ROCA, LLC					
Principal Place of Business 13095 KEYSTONE TERRACE, ISLAND #5 NORTH MIAMI BEACH, FL 33181			Mailing Address 13095 KEYSTONE TERRACE, ISLAND #5 NORTH MIAMI BEACH, FL 33181		
2. Principal Place of Business 16850 Collins Avenue		3. Mailing Address 16850 Collins Avenue			
Suite, Apt. #, etc. Suite 113F		Suite, Apt. #, etc. Suite 113F		02252006 Chg-LLC CR2E083 (11/05)	
City & State Sunny Isles Beach, Florida		City & State Sunny Isles Beach, Florida		4. FEI Number 35-2247170	
Zip 33160		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORROW, JUSTIN 13095 KEYSTONE TERRACE, ISLAND #5 NORTH MIAMI BEACH, FL 33181			7. Name and Address of New Registered Agent Name: Justin Morrow Street Address (P.O. Box Number is Not Acceptable): 19280 SW 62nd Street City: Pembroke Pines FL Zip Code: 33332		
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: Justin Morrow, MGRM Date: 2/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, JUSTIN 13095 KEYSTONE TERRACE, ISLAND #5 NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, JUSTIN 16850 Collins Ave, Suite 113F Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIANO, RAFAEL 13095 KEYSTONE TERRACE, ISLAND #5 NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIANO, RAFAEL 16850 Collins Ave, Suite 113F Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRERO, GUSTAVO 923 TULIP CIRCLE WESTON, FL 33327	<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	MGR HENAO, CLAUDIA 2044 POMPEII COURT WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENAO, CLAUDIA 19280 SW 62nd Street Pembroke Pines, FL 33332	<input checked="" 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 exemptions contained in Chapter 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: Justin Morrow, MGRM			Date: 2/25/06		Daytime Phone #: (407) 721-8831