

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019602

Entity Name: CASEY INVESTMENT, LLC

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

CLARENCE & RUH HOGREFE
4235 SE 20TH PLACE, UNIT B-301
CAPE CORAL, FL 33904

New Principal Place of Business:

CLARENCE & RUTH HOGREFE
4235 SE 20TH PLACE, UNIT B-301
CAPE CORAL, FL 33904

Current Mailing Address:

CLARENCE & RUH HOGREFE
4235 SE 20TH PLACE, UNIT B-301
CAPE CORAL, FL 33904

New Mailing Address:

CLARENCE & RUTH HOGREFE
4235 SE 20TH PLACE, UNIT B-301
CAPE CORAL, FL 33904

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PESCATRICE, JULIE
2113 SE 5TH CT
CAPE CORAL, FL 33990 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: MGRM () Delete
Name: HOGREFE, CLARENCE F TRUSTEE
Address: 4235 SE 20TH PLACE, UNIT B-301
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: HOGREFE, RUTH I TRUSTEE
Address: 4235 SE 20TH PLACE, UNIT B-301
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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

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: CLARENCE F. HOGREFE

MGRM

04/19/2006

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