


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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<b>DOCUMENT # L05000021375</b>	
1. Entity Name <b>CASA VERDE, LLC</b>	

FILED  
06 APR 19 AM 8:54

Principal Place of Business <b>25 SYLVANIA AVENUE ENGLEWOOD FL 34223</b>	Mailing Address <b>25 SYLVANIA AVENUE ENGLEWOOD FL 34223</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

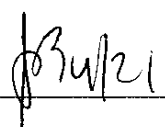
1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent  <b>GODDARD, JOHN W 25 SYLVANIA AVENUE ENGLEWOOD FL 34223</b>	
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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 <b>4/10/06</b>


<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODARD, JOHN W 25 SYLVANIA AVENUE ENGLEWOOD FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**200072760312**  
04/28/06--01035--007 \*\*500.00

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: 	DATE <b>4/10/06</b>	DAYTIME PHONE # <b>941-76-8778</b>
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