4/12/16 94/- 116-8117

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)						
DOCUMENT # L05000021375  1. Entity Name  CASA VERDE LLC					FILED	
CASA VERDE, LLC			V. WE	O6 APF	R 19 AM 8: 54	
Principal Plac	e of Business	Mailing Address	·			
25 SYLVANIA AVENUE ENGLEWOOD FL 34223		25 SYLVANIA AVENUE ENGLEWOOD FL 34223			TO STATE	
2. Principal Place of Business		3. Mailing Address		1 1833121) 211 22121 2231( 2231( 2231)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)	
City & State		City & State		4. FEI Number	Applied For Not Applicable	
. Zip	Country	Zíp	Country	5. Certificate of Status Desire	Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
GODDARD, JOHN W				Street Address (P.O. Box Number is Not Acceptable)		
	SYLVANIA AVENUE GLEWOOD FL 34223		Sirect Additi	Greet Address (1.6. Sux Names is Net Accopiable)		
			City	City Zip Code		
The above named entity submits this statement fay the purpose of changing its registered.				istered agent, or both, in the State of	<u> </u>	
the obligations of registered agent.  4/16/66						
SIGNATURE Signature, typed or printed name of systemed agent and talle of applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State						
		Due	By May 1, 2006			
9.	MANAGING MEMBE		10.	ADDITIC	NS/CHANGES	
TITLE NAME	MGR GOODARD, JOHN W	☐ Delete	TITLÉ NAME		☐ Change ☐ Addition	
STREET ADDRESS	25 SYLVANIA AVENUE		STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	المستحد المساء المساء المساء المساء	Change Addition	
NAMÉ STREET ADDRESS		,	NAME STREET ADDRESS	7. ロリリン 04/29/00016	2760312 <sup>335007</sup> **500.00	
CITY-ST-ZIP			CITY-ST-ZIP	0.15 COS 00D10	/35-~UU/ **500.00	
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	Below		NAME STREET ADDRESS			
CITY-ST-ZIP	(p 14/2)		CITY-ST-ZIP			
TITLE	1	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street address			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		□ n	CITY-ST-ZIP		Change D Addition	
TITLE NAME		□ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 thampy execute this report as required by Chapter 608, Florida Statutes.						