

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031027

FILED
Jan 05, 2006
Secretary of State

Entity Name: CASA COCO INTERNATIONAL LLC

Current Principal Place of Business:

246 LAKELAND DRIVE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

246 LAKELAND DRIVE
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 20-2589164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUDAL, ARNFIELD
246 LAKELAND DRIVE
WEST PALM BEACH, FL 33405 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: CUDAL, ARNFIELD
Address: 246 LAKELAND DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM () Delete
Name: BURSON, SELAH
Address: 3323 MUSIC LANE
City-St-Zip: GRAND JUNCTION, CO 81506

Title: MGRM () Delete
Name: CUDAL, RICHFIELD
Address: 312 MALVERNE RD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: CUDAL, RICHFIELD
Address: 222 GREGORY ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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: ARNFIELD P CUDAL

MGRM

01/05/2006

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