

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062278

FILED
Apr 22, 2008
Secretary of State

Entity Name: CASA MEDICO DEVELOPMENT,LLC

Current Principal Place of Business:

2700 W. CYPRESS CREEK ROAD
SUITE C-105
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3300 N. FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-3113890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORKSON, ELLIOT
1313 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 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: MGR () Delete
Name: GOLDBERG, ALAN J
Address: 2700 W. CYPRESS CREEK ROAD,SUITE C-105
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR () Delete
Name: ROTELLA, WILLIAM
Address: 3300 NO. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGR () Delete
Name: BORKSON, ELLIOT
Address: 1313 SOUTH ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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

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 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: ALAN J GOLDBERG

MGR

04/22/2008

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