


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90058 040 \*\*\*150.00

<b>DOCUMENT # L05000064613</b> 1. Entity Name <b>CASSAL HOLDINGS, LLC</b>					
Principal Place of Business <b>5441 PILOTS PLACE NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>P.O. BOX 1308 ELFERS, FL 34680</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>20 3072357</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>YOUNG-STIMSON, ATHENA M 5441 PILOTS PLACE NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG-STIMSON, ATHENA M P.O. BOX 1308 ELFERS, FL 34680	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIMSON, STEPHEN S P.O. BOX 1308 ELFERS, FL 34680	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, ANGELICA F 3701 WAGGONWHEEL DR. RICHARDSON, TX 75082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGENDORFER, SCOTT D 3701 WAGGONWHEEL DR. RICHARDSON, TX 75082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELLICANO, LISA M 2642 JAY'S NEST LANE HOLIDAY, FL 34691	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELLICANO, CHRISTOPHER 2642 JAY'S NEST LANE HOLIDAY, FL 34691	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: <i>Athena M Young-Stimson</i> Date: <i>4/24/06</i> Daytime Phone #: <i>7274217800</i>		