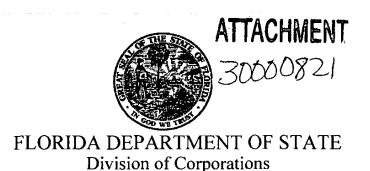
2006 LIMITED LIABILITY GOMPANY ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State 01-24-2006 90041 041 ****50.00

DOCUI 1. Entity Nam CASSIN I	# L05000072 .c.			01-24-20	00 9004	1 041	30.00			
Principal Plac 46 N. WASHI SARASOTA, F	NGTON BLV	D., SUITE 25A	Mailing Address 46 N. WASHINGTON BLVD., SUITE 25A SARASOTA, FL 34236							
2. Principal P	lace of Busin	1633	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-LLC	CR2E0	B3 (11/05)	
City & State			City & State			4. FEI Numb	3530	832		pplied For of Applicable
Zip	Country		Zip Coun		ntry	5. Certificat	e of Status Desired	;	\$5.00 Ado Fee Require	
	8. Neme	and Address of Current	egistered Agent		Name	7. Name an	d Address of New F	Registered A	.gent	
MORAN; P	PAUL"A -	•								
46 N. WASHINGTON BLVD., SUITE 25A SARASOTA, FL 34236			Street Addre		Street Address (P.O. Box Numb	ber is Not Acceptabl	e)		
•			(City		<u></u>	FL	Zip Cod	le
8. The above	named entit	y submits this statement fo	r the purpose of changing its	s register	ed office or register	ed agent, or bo	oth, in the State of Fli	orida, Iam fa	miliar with,	and accept
the obligati	ions of regist	e led agent	-						·	`
SIGNATURE .	Signature Appet	or printed name of registered agent is	and trip if expenses in 19401	F: Banatara	d Agent nigrature required	when consenses		to CC		
FI De	lling Fee i	s \$50.00		<u> </u>				e check pa a Departme		•
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TMLE	MGRM		☐ Detete	m.	E				☐ Change	Addition
NAME STREET ADDRESS		L. CASSIN, P.A.	TE 264	NAM	EET ADDRESS					
STREET ADDRESS 48 N. WASHINGTON BLVD., SUI' OTTY-ST-7/P SARASOTA, FL 34236			11E 23A		-ST-ZIP		•			
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TIFLE			Delete	TITLE					Change	Addition
NAME STREET ADDRESS				STRE	ET ADCRESS					1
CITY-ST-ZIP	<u></u>			CITY	-\$1-ZP					
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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: Fala M. A. Moran 1/11/06 941-955-1717										



January 30, 2006

CASSIN LAW, L.L.C. 46 N. WASHINGTON BLVD., SUITE 25A SARASOTA, FL 34236

Subject: CASSIN LAW, L.L.C.

Reference Number:

L05000072212

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION