
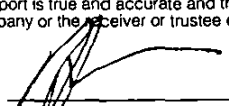


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90048 019 ****50.00

DOCUMENT # L05000092987					
1. Entity Name CAO PROPERTIES, LLC					
Principal Place of Business 13219 BYRD DRIVE ODESSA, 33556 FL			Mailing Address 13219 BYRD DRIVE ODESSA, 33556 FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3777140	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLZBERGER, DUSTIN 13219 BYRD DRIVE ODESSA, FL 33556			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13219 Byrd Drive, Suite B City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLZBERGER, DUSTIN 13219 BYRD DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANGUEDOLCE, MICHELE 13219 BYRD DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANGUEDOLCE, MICHELE 13219 BYRD DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANGUEDOLCE, MICHELE 13219 BYRD DRIVE ODESSA, FL 33556	<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Dustin Holzberger 1-23-06 813-948-1183					