

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092987

Entity Name: CAO PROPERTIES, LLC

FILED
Jan 20, 2007
Secretary of State

Current Principal Place of Business:

13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-3777140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZBERGER, DUSTIN
13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

HOLZBERGER, DUSTIN C
13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

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: DUSTIN C. HOLZBERGER

01/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLZBERGER, DUSTIN
Address: 13219 BYRD DR STE B
City-St-Zip: ODESSA, FL 33556 US

Title: MGR () Delete
Name: SANGUEDOLCE, MICHELE
Address: 13219 BYRD DR STE B
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLZBERGER, DUSTIN C
Address: 20320 MOSS BRANCH COURT
City-St-Zip: LUTZ, FL 33558 US

Title: MGR (X) Change () Addition
Name: SANGUEDOLCE, MICHELE M
Address: 20320 MOSS BRANCH COURT
City-St-Zip: LUTZ, FL 33558 US

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: DUSTIN HOLZBERGER

MGR

01/20/2007

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