

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093028

Entity Name: CASA AZZURRO D'AQUA, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

464 GOLDEN GATE POINT, UNIT 404
SARASOTA, FL 34236 US

New Principal Place of Business:

800 N. TAMIAMI TRAIL
#507
SARASOTA, FL 34236 US

Current Mailing Address:

464 GOLDEN GATE POINT, UNIT 404
SARASOTA, FL 34236 US

New Mailing Address:

800 N. TAMIAMI TRAIL
#507
SARASOTA, FL 34236 US

FEI Number: 20-3536973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIDER, WILLIAM M
200 S. ORANGE AVENUE
SARASOTA, FL 34236 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: MGRM () Delete
Name: TWILL, LAWRENCE J
Address: 464 GOLDEN GATE POINT, UNIT 404
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM () Delete
Name: TWILL, LINDA L
Address: 464 GOLDEN GATE POINT, UNIT 404
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TWILL, LAWRENCE J
Address: 800 N. TAMIAMI TRAIL, #507
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM (X) Change () Addition
Name: TWILL, LINDA L
Address: 800 N. TAMIAMI TRAIL, #507
City-St-Zip: SARASOTA, FL 34236

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: LAWRENCE J. TWILL

MGR

04/27/2009

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