


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000096844 1. Entity Name CASUARINA PROPERTY, LIMITED LIABILITY COMPANY	
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Principal Place of Business PO BOX 432 WEST PALM BEACH, FL 33402	Mailing Address PO BOX 432 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3822953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MUSGROVE, CHARLES W ESQ
2328 SOUTH CONGRESS AVE SUITE 1-D
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARL A. FLICK REVOCABLE TRUST POB 432 WEST PALM BEACH, FL 33402
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05/03/07-80004-004 50.00

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: Carl A. Flick **CARL A. FLICK** 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #