2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103485

City-St-Zip:

Entity Name: CASA SANTA BARBARA, LLC

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1937 EAST ALTANTIC BLVD STE 9 2101 N. ANDREWS AVE POMPANO BEACH, FL 33060 WILTON MANORS, FL 33311 **Current Mailing Address: New Mailing Address:** 1937 EAST ALTANTIC BLVD STE 9 2101 N. ANDREWS AVE POMPANO BEACH, FL 33060 WILTON MANORS, FL 33311 FEI Number: 02-0754645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GROSCH, RICK GROSCH, RICK 2124 NE 44 STREET 2101 N ANDREWS AVE FORT LAUDERDALE, FL 33308 US WILTON MANORS, FL 33311 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: GROSCH, RICK 07/03/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition NBCD DEPARTMENT INC., NICO DEVELOPMENT, Name: Name: 2101 N. ANDREWS AVE- SEX 107 Address: 2101 N. ANDREWS AVE- SUITE 107 Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: WILTON MANORS, FL 33311 Title: Title: MGR () Change (X) Addition () Delete Name: Name: BRIXEN, HENRIK Address: Address: 2101 N. ANDREWS AVE City-St-Zip: City-St-Zip: WILTON MANORS, FL 33311 Title: () Delete Title: MGR () Change (X) Addition GROSCH, RICK Name: Name: 2101 N. ANDREWS AVE Address: Address: City-St-Zip: City-St-Zip: WILTON MANORS, FL 33311 () Change (X) Addition Title: () Delete Title: MGRM Name: Name: BEESON, MARY Address: Address: 2101 N ANDREWS AVE City-St-Zip: City-St-Zip: WILTON MANORS, FL 33311 Title: () Delete Title: () Change (X) Addition HARBORSIDE AT SANTA, BARBARA, LLC Name: Name: 2101 N ANDREWS AVE Address: Address:

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.

City-St-Zip:

WILTON MANORS, FL 33311

SIGNATURE: HENRIK BRIXEN MGR 07/03/2007