5/8/2006-90043-013-$50.00-$50.00

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DIVISION OF CORPORATIONS

06 SEP 14 AM 11:10

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000118108

1. Entity Name
CASA DE ANITA, LLC

Principal Place of Business	Mailing Address
2811 BAYPOINTE CIRCLE TAMPA, FL 33611	2811 BAYPOINTE CIRCLE TAMPA, FL 33611

300131112

04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		KOEHLER & CO.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 502 N. ARMENIA AVE	
City & State		City & State TAMPA FL	
Zip	Country	Zip 33609	Country USA

4. FEI Number N/A — Applied For / [x] Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606	Name: KEITH W. KOEHLER Street Address (P.O. Box Number Is Not Acceptable): KOEHLER & COMPANY 502 N. ARMENIA AVE City: TAMPA FL Zip Code: 33609

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] DATE: 9/24/06

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

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	☐ Delete	MANAGER JOHN LUM 2811 BAYPOINTE CIR TAMPA FL 33611	☐ Change [x] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MANAGER LANA LUM 2811 BAYPOINTE CIRCLE TAMPA FL 33611	☐ Change [x] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

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: [signature] / John Lum 4/28/06 (813) 258-5478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #