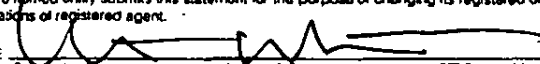
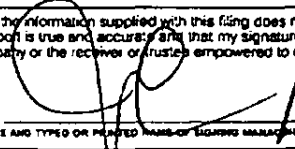


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/8/2006-90043-013-\$50.00-\$50.00
5/1
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:10

DOCUMENT # L05000118108			
1. Entity Name CASA DE ANITA, LLC			
Principal Place of Business 2811 BAYPOINTE CIRCLE TAMPA, FL 33611		Mailing Address 2811 BAYPOINTE CIRCLE TAMPA, FL 33611	
2. Principal Place of Business		3. Mailing Address KOEHNER & CO.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 502 N. ARMENIA AVE	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
33609	USA	33609	USA
4. FEI Number N/A		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent KEITH W. KOEHLER Street Address (P.O. Box Number is Not Acceptable) KOEHNER & 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  9/24/06 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
		MANAGER JOHN LUM 2811 BAYPOINTE CIR TAMPA FL 33611	
		MANAGER LARA LUM 2811 BAYPOINTE CIRCLE TAMPA FL 33611	
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 606, Florida Statutes. SIGNATURE:  John Lum 4/28/06 258-5478 (813) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			