

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049259

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** CASA BAHIA, LLC

**Current Principal Place of Business:**

1940 BIARRITZ DR.  
SUITE 7  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 416471  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 83-0420471      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERMUDEZ, RICARDO E  
8240 SW 35 TERR.  
MIAMI, FL 33155      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: STILLWATER DEVELOPME, NT GROUP CORP.  
Address: 1940 BIARRITZ DR.  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LOSADA, ALONSO G  
Address: 1940 BIARRITZ DR.  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM      ( ) Change      (X) Addition  
Name: BERMUDEZ, RICARDO E  
Address: 8240 SW 35TH TERR  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO E. BERMUDEZ      MGRM      04/18/2007

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