

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 20, 2007  
Secretary of State**

DOCUMENT# L06000052890

Entity Name: CASA MON CHERI, LLC

**Current Principal Place of Business:**

901 N BIRCH ROAD C-9  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

901 N BIRCH ROAD C-3  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

PO BOX 7363  
FT. LAUDERDALE, FL 333387363

**New Mailing Address:**

FEI Number: 20-5339691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROBBINS, WAYNE  
901 N BIRCH ROAD C-9  
FORT LAUDERDALE, FL 33304      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: MGR      ( ) Delete  
Name: ROBBINS, WAYNE  
Address: 901 N BIRCH ROAD C-9  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ROBBINS, WAYNE  
Address: PO BOX 7363  
City-St-Zip: FORT LAUDERDALE, FL 33338

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: WAYNE ROBBINS

MGRM

02/20/2007

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