




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90038 039 *****55.00

DOCUMENT # L06000081491					
1. Entity Name CASAS KTEMA, LLC					
Principal Place of Business 1203 GOVERNORS SQUARE BLVD. SUITE 101 TALLAHASSEE, FL 32301 US			Mailing Address 1203 GOVERNORS SQUARE BLVD. SUITE 101 TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box # 2731 Executive Park Drive		3. Mailing Address 2731 Executive Park Drive			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4			
City & State Weston, FL		City & State Weston, FL			
Zip 33331		Zip 33331			
Country USA		Country USA		04092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5425017				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASA HOME SOLUTIONS, INC. 1509 GREEN MOUNTAIN DRIVE LITTLE ROCK, AR 72211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Stephen Wright 4/9/07 866-878-3644					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					