

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107213

Entity Name: CASI #1, LLC

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

927 S STATE ROAD 7  
PLANTATION, FL 33317 45

**New Principal Place of Business:**

**Current Mailing Address:**

4221 SW 101 AVE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 20-8285054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM R. BLACK & ASSOCIATES, PL  
1700 NE 26 STREET  
WILTON MANORS, FL 33305 US

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

WILLIAM R. BLACK & ASSOCIATES, PL  
2312 WILTON DRIVE  
WILTON MANORS, FL 33305 US

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: WILLIAM R. BLACK

03/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMIT & SHAWN LIMITED PARTNERSHIP  
Address: 4221 SW 101 AVE  
City-St-Zip: DAVIE, FL 33328

I hereby 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: WILLIAM R. BLACK

MGRM

03/29/2012

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