

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111521

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: CASA LLAVE DEL CAMPO, LLC

**Current Principal Place of Business:**

11465 N.W. 48TH COURT  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

11465 N.W. 48TH COURT  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 61-1513037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENBLATT, ELLIOT  
11465 N.W. 48TH COURT  
CORAL SPRINGS, FL 33076 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: EQUITY TRUST COMPANY CUSTODIAN FBO BARRY J  
Address: 225 BURNS ROAD  
City-St-Zip: ELYRIA, OH 44035

Title: MGRM ( ) Delete  
Name: GREENBLATT, ELLIOT  
Address: 11465 N.W. 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete  
Name: OLERN, BARRY J  
Address: 954 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARRY OLFEN

MGRM

04/21/2009

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