2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000018805

1. Entity Name

CASABLANCA PROPERTIES, LLC



FILED Feb 19, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1044 SOUTH KENTUCKY AVENUE WINTER PARK, FL 32789 US

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02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-8489313		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BITMAN, RONNIÉ J ESQ. POWELL & PEARSON, LLP 399 CAROLINA AVENUE, SUITE 200 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

	bove named entity submits this statement for the purpose of cha oligations of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATU	JRE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000833380 02/28/08-80009-025 138.75	
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		

CANGIANO, THOMAS G 1044 SOUTH KENTUCKY AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 MGR TITLE JENNIFER, RYAN NAME STREET ADDRESS 1044 SOUTH KENTUCKY AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida St	atutes. 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 are	m 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.	
	milling lightly company or the receiver or transfer the post as redering by a replice and reserves.	. ,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Carplus uc

4074610397

Daytime Phone ≢