

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90181 038 \*\*\*138.75

<b>DOCUMENT # L07000096115</b>					
<b>1. Entity Name</b> CASA PROPERTIES, LLC					
<b>Principal Place of Business</b> 80 SW 8TH STREET, SUITE 1920 C/O HUGO P. ARZA, ESQ. MIAMI, FL 33130			<b>Mailing Address</b> 80 SW 8TH STREET, SUITE 1920 C/O HUGO P. ARZA, ESQ. MIAMI, FL 33130		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 158 15th Dorada Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Gables, FL		<b>4. FEI Number</b> 20-2376607	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 33143		Country USA		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ARZA, HUGO P ESQ 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE <u>HUGO P. ARZA, ESQ.</u>				DATE <u>3/17/08</u>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, ORLANDO JR 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same 158 15th Dorada Blvd. Coral Gables, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>				Date <u>3/17/08</u> (605)372-5606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					