

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109314

FILED
Jan 06, 2008
Secretary of State

Entity Name: CASITA, LLC

Current Principal Place of Business:

221 NORTHWEST 14TH AVE.
CAPE CORAL, FL 33993

New Principal Place of Business:

221 NW 14TH AVE.
CAPE CORAL, FL 33993

Current Mailing Address:

P.O. BOX 100773
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 30-0446978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAHN, JUERGEN
221 NORTHWEST 14TH AVE.
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

HAHN, JUERGEN
P.OBOX100773
CAPE CORAL, FL 33910 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:

01/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAHN, JUERGEN
Address: 221 NORTHWEST 14TH AVE.
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR () Delete
Name: FISCHER, ALEXANDRA M
Address: 221 NORTHWEST 14TH AVE.
City-St-Zip: CAPE CORAL, FL 33993

Title: S () Delete
Name: HAHN, JUERGEN
Address: 221 NORTHWEST 14TH AVE.
City-St-Zip: CAPE CORAL, FL 33993

Title: T () Delete
Name: FISCHER, ALEXANDRA M
Address: 221 NORTHWEST 14TH AVE.
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAHN, JUERGEN
Address: P OBOX 100773
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR (X) Change () Addition
Name: FISCHER, ALEXANDRA M
Address: P OBOX 100773
City-St-Zip: CAPE CORAL, FL 33910

Title: S (X) Change () Addition
Name: HAHN, JUERGEN
Address: PO BOX 100773
City-St-Zip: CAPE CORAL, FL 33910

Title: T (X) Change () Addition
Name: FISCHER, ALEXANDRA M
Address: PO BOX 100773
City-St-Zip: CAPE CORAL, FL 33910

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: ALEXANDRA FISCHER

MGRM

01/06/2008

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