## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120582

Entity Name: CAS MANAGEMENT GROUP LLC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4708 NW 114TH AVE 4640NW 114TH AVE

102 705 DOBAL EL 33178 DOE

DORAL, FL 33178 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

4708 NW 114TH AVE 4640NW 114TH AVE 102 75

DORAL, FL 33178 DORAL, FL 33178

FEI Number: 36-4621532 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SANCHEZ, HAYTIR

4708 NW 114TH AVE
102

DORAL, FL 33178 US

SANCHEZ, CARLOS
4640 NW 114TH AVE
705
DORAL, FL 33178 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: CARLOS SANCHEZ 04/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: SANCHEZ, CARLOS A JR Name: SANCHEZ, CARLOS A JR

Address: 4708 NW 114TH AVE Address: 4640 NW 114TH AVE #705
City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

Title: ( ) Delete Title: MGR ( ) Change (X) Addition Name: PUENTES, PAOLA A

 Name:
 Name:
 PUENTES, PAOLA A

 Address:
 Address:
 4640 NW 114THAVE #705

 City-St-Zip:
 City-St-Zip:
 DORAL, FL 33178

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: CARLOS SANCHEZ MGRM 04/21/2009