

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026025

Entity Name: CAAFL REALTY, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

24031 VIA CASTELLA, UNIT 1202
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24031 VIA CASTELLA, UNIT 1202
BONITA SPRINGS, FL 34134

New Mailing Address:

30 MAYFAIR DR.
LONGMEADOW, MA 01106

FEI Number: 26-2154867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RINALDI, ANDREA S
24031 VIA CASTELLA
UNIT 1202
BONITA SPRINGS, FL 34134 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: MGR () Delete
Name: RINALDI, ANDREA S
Address: 30 MAYFAIR DR.
City-St-Zip: LONGMEADOW, MA 01106

Title: MGRM () Delete
Name: RINALDI, I. CHRISTOPHER
Address: 30 MAYFAIR DR.
City-St-Zip: LONGMEADOW, MA 01106

Title: MGRM () Delete
Name: RINALDI, T. ANDREW
Address: 30 MAYFAIR DR.
City-St-Zip: LONGMEADOW, MA 01106

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: ANDREA S RINALDI

MGR

01/07/2009

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