\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company L	RY OF STATE CORPORATIONS 3/5 2 PM 1: 04
CASA DEL SOL, L.C. 3700 WEST LAKE HAMILTON DRIVE 1.9700001204 1a. Principal Place of British Princip	
	LAKE HAMILTON DRIV
2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Or	
Suite, Apt. #, etc. Suite, Apt. #, etc. 10/27/1997 4. FEI Number	FL Applied For
City & State City & State	Not Applicable
Zip Country Zip Country 5. Date of Last Report	6. Certificate of Status Desired S8 75 Additional Lee Required
7. Name and Address of Current Registered Agent 8. Name and Address of New	w Registered Agent/Office
PLATI, VINCE 3700 WEST LAKE HAMILTON DRIVE WINTER HAVEN FL 33881 Sulle. Apt. #, etc. City	cceptable)
	FL
 Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits t its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the as registered agent, and accept the obligations. 	
SIGNATURE	
10. Title Managing Members/Managers Business Street Address	City, State and Zip Code
MGR PLATI, VINCE 3700 WEST LAKE HAMILTON DR WIN	NTER HAVEN FL
MGR SYLVESTRE, FABRIZIO 3700 WEST LAKE HAMILTON DR WIN	NTER HAVEN FL
2000	024498527 03/09/9801003025 ****377.50 ****188.75
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida S indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a limited flability company or the receiver or trustee empowered to execute this peport as required by Chapter 608, Florida Statutes; and the attachment with an address.	tatutes. I further certify that the information m a managing member or manager of the at my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Vince Plati 02/28/98 941/422-8755

ICL MEMBER OR MANAGER Date Dayline Phone 4