

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M06000003474

1. Entity Name
CASA CASUARINA, LLC



Principal Place of Business
**9660 FALLS OF NEUSE RD.
STE 138, PMB 125
RALEIGH, NC 27615**

Mailing Address
**9660 FALLS OF NEUSE RD.
STE 138, PMB 125
RALEIGH, NC 27615**

DO NOT WRITE IN THIS SPACE

01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
36-4386310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
LOFTIN, PETER T
9660 FALLS OF NEUSE RD., STE138,PMB 125
RALEIGH, NC 27615**

TITLE
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U000000032216
03/18/04-80041-003 \$0.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-11-04 919-863-7008