

**\* AMENDED \***  
**2003 LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L00000004220**

1. Entity Name  
**CASTILLO-LANTHIER CAPE CORAL PROPERTIES, LLC**



**FILED**

**03 SEP 29 AM 9:11**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**0011**



Principal Place of Business

~~12211 ROSEMONT COURT~~

~~FT. MYERS FL 33913~~

Mailing Address

~~12211 ROSEMONT COURT~~

~~FT. MYERS FL 33913~~

**15880 CATAPACOU DRIVE**  
**FT MYERS, FL 33908**

**SAME**

2. Principal Place of Business

**15880 CATAPACOU DRIVE**

3. Mailing Address

**15880 CATAPACOU DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort MYERS, FL**

City & State

**Fort MYERS, FL**

Zip

**33908**

Country

**USA**

Zip

**33908**

Country

**USA**

4. FEI Number **65-1012128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, LAZARO L**

~~12211 ROSEMONT COURT~~

~~FT. MYERS FL 33913~~

**15880 CATAPACOU DRIVE**  
**FT MYERS, FL**  
**33908**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**9/22/03**

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**900023407109**

**09/29/03--01108--001 \*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CASTILLO, LARRY C**  
**12211 ROSEMONT COURT**  
**FT MYERS FL 33913**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LANTHIER, DONNA M**  
**12211 ROSEMONT COURT**  
**FT MYERS FL 33913**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**15880 CATAPACOU DRIVE**  
**FT MYERS, FL 33913**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**15880 CATAPACOU DRIVE**  
**FT MYERS, FL 33913**

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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



**9/22/03**

**239-489-1388**

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

Date

Daytime Phone #

CP2E083 (4/03)

00252008  
**FD**