

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002359
1. Entity Name
CASTLES ON THE GREEN, LLC

54606

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
219 NORTH DIXIE HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
219 N. DIXIE HIGHWAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL
Zip
33460
Country
USA

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33460
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USA

4. FEI Number
65-1084755
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
JAMES F. MILLER
Street Address (P.O. Box Number is Not Acceptable)
219 N. DIXIE HIGHWAY
City
LAKE WORTH FL 33460

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.

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

DATE

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGISTERED AGENT JAMES F. MILLER 219 N. DIXIE HIGHWAY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL JAMES F. MILLER 219 N. DIXIE HIGHWAY LAKE WORTH, FL 33460
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CR2E0838 (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-02
Date

561-547-1932
Daytime Phone #