

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017906

FILED  
Apr 20, 2008  
Secretary of State

**Entity Name:** CASTLE ROCK PROPERTIES, LLC

**Current Principal Place of Business:**

143 BEACH AVENUE  
REDINGTON BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

4000 W SAN PEDRO STREET  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATKINS, CARL T CPA  
5103 MEMORIAL HWY  
TAMPA, FL 33634 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: MGRM ( ) Delete  
Name: DIAZ, CHRISTOPHER  
Address: 4000 W SAN PEDRO STREET  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: DIAZ, TONI E  
Address: 4000 W SAN PEDRO STREET  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGMR (X) Change ( ) Addition  
Name: DIAZ, TONI E  
Address: 4000 W SAN PEDRO STREET  
City-St-Zip: TAMPA, FL 33629

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: CHRISTOPHER DIAZ                      MGMR                      04/20/2008

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