


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -8 AM 9:10

DOCUMENT # L04000035882 1. Entity Name CASTLE PROPERTY MANAGEMENT, LLC	
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Principal Place of Business 3301 BONITA BEACH ROAD 207 BONITA SPRINGS, FL 34134	Mailing Address 3301 BONITA BEACH ROAD 207 BONITA SPRINGS, FL 34134
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2. Principal Place of Business 26956 SPANISH GARDENS Suite, Apt. #, etc.	3. Mailing Address PO BOX 366221 Suite, Apt. #, etc.
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12022005 REIN-LLC CR2E101 (6/04)

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL		
Zip 34135	Country USA	Zip 34136	Country USA

4. FEI Number 71-0970252	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CIVETTE, JOHN B
 3301 BONITA BEACH ROAD
 207
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name: John B. Civette
 Street Address (P.O. Box Number is Not Acceptable):
 26956 SPANISH GARDENS
 City: BONITA SPRINGS FL Zip Code: 34135

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: *John B. Civette* DATE: 12/2/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE: OWNER NAME: JOHN B. CIVETTE STREET ADDRESS: 26956 SPANISH GARDENS CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: OWNER NAME: JOHN B. CIVETTE STREET ADDRESS: 26956 SPANISH GARDENS CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John B. Civette* DATE: 12/2/05 (239) 273-8498

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