
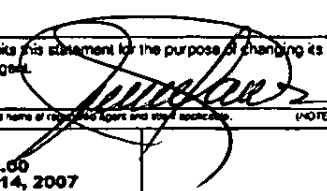
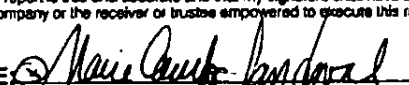


**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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30012203

DOCUMENT # L04000036020			
1. Entity Name CASTEL INVESTMENTS, LLC			
Principal Place of Business 3945 W. WHITE WATER AVENUE WESTON, FL 33332 US		Mailing Address 3945 W. WHITE WATER AVENUE WESTON, FL 33332 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address SANDOVAL & ASSOCIATES, INC	
Suite, Apt. #, etc.		4069 HOLLY COURT	
City & State		WESTON FL	
Zip		33331 USA	
4. FEI Number 20-1193178		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Chg-LLC CR2E083 (12/06)	
8. Name and Address of Current Registered Agent SANDOVAL & ASSOCIATES PO BOX 266873 WESTON, FL 33326		7. Name and Address of New Registered Agent Name SANDOVAL & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 4069 HOLLY COURT City WESTON FL Zip Code 33331	
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 		DATE 07-31-07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FORCADA, ADELA G 3945 W. WHITE WATER AVENUE WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PROENCA, MARIA C 2819 CENTER COURT DRIVE WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMPO-SANDOVAL, MARIE T 4089 HOLLY COURT WESTON, FL 33331 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 808, Florida Statutes.			
SIGNATURE 		DATE 6/30/07 954-3853140	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Marie Camp-Sandoval			