

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010134

Entity Name: CASTLE QUEST, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

7060 E HIGHWAY 326  
SILVER SPRINGS, FL 34488

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 546  
SILVER SPRINGS, FL 344890546

**New Mailing Address:**

P O BOX 622  
TAYLORS, SC 29687

FEI Number: 76-0783789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, SANDRA K  
7060 E HIGHWAY 326  
SILVER SPRINGS, FL 34488 US

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

SMITH, STEVEN A  
7060 E HIGHWAY 326  
SILVER SPRINGS, FL 34488 US

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: STEVEN A. SMITH

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, STEVEN A  
Address: 7060 E HIGHWAY 326  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: MGRM (X) Delete  
Name: SMITH, SANDRA K  
Address: 7060 E HIGHWAY 326  
City-St-Zip: SILVER SPRINGS, FL 34488

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEVEN A. SMITH REVO, CABLE TRUST  
Address: 7060 E HIGHWAY 326  
City-St-Zip: SILVER SPRINGS, FL 34488

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

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: STEVEN A. SMITH

MGR

04/28/2008

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