

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031279

**FILED**  
**Mar 02, 2006**  
**Secretary of State**

**Entity Name:** CASTOR LAT, LLC

**Current Principal Place of Business:**

233 VELARDE AVE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

233 VELARDE AVENUE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

233 VELARDE AVE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

233 VELARDE AVENUE  
CORAL GABLES, FL 33134 US

FEI Number: 04-3846416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOICOCHEA, JAVIER  
233 VELARDE AVE  
CORAL GABLES, FL 33134 US

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

GOICOCHEA, JAVIER  
233 VELARDE AVENUE  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

03/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOICOCHEA, JAVIER  
Address: 233 VELARDE AVE  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOICOCHEA, JAVIER  
Address: 233 VELARDE AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAVIER GOICOCHEA

MGR

03/02/2006

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