


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001422

1. Entity Name
CASTLEROCK MORTGAGE LLC



Principal Place of Business 16293 PERDIDO KEY DR. UNIT A PENSACOLA, FL 32507	Mailing Address 16293 PERDIDO KEY DR. UNIT A PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-LLC .CR2E083 (10/03)


4. FEI Number 72-1505847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCKY, VICKIE
 16293 PERDIDO KEY DR. UNIT A
 PENSACOLA, FL 32507

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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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

000000165634
 07/12/04-80021-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCKY, WILLIAM A IV 4530 BARKSDALE BLVD. STE. C BOSSIER CITY, LA 71112
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE:  _____ DATE: 7-8-04 DAYTIME PHONE #: 318-549-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #