


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90590 016 ****50.00

DOCUMENT # M0400005547

1. Entity Name
 CASTLE RESIDENTIAL CONSTRUCTION SERVICES, LLC



Principal Place of Business
 CORDOVA SQUARE, BLDG. 21 SUITE G
 440 BAYOU BLVD.
 PENSACOLA, FL 32503

Mailing Address
 CORDOVA SQUARE, BLDG. 21 SUITE G
 440 BAYOU BLVD.
 PENSACOLA, FL 32503

20020235



2. Principal Place of Business
 4232 W Fairfield Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 4232 W Fairfield Dr
 Suite, Apt. #, etc.

03072005 Chg-LLC CR2E083 (10/03)

City & State
 Pensacola FL

City & State
 Pensacola FL

Zip
 32505

Country
 Escambia

Zip
 FL

Country
 Escambia

4. FEI Number
 20-2193292

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STROHMAN, SHEILA
 440 BAYOU BLVD.
 PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
 Sheila Strohman

Street Address (P.O. Box Number is Not Acceptable)
 4232 W Fairfield Dr

City
 Pensacola FL

Zip Code
 32505

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MEM President	REESE, RICHARD	106 GLEAHAVEN ROAD	WAYZATA, MN 55391	<input type="checkbox"/>
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
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE:  3/10/05 850-458-0833

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