

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # A97000002041

1. Entity Name
CASTRO COMMERCIAL REAL ESTATE FAMILY LIMITED PARTNERSHIP

Principal Place of Business
231 S. BREVARD
ARCADIA, FL 34266

Mailing Address
C/O ANDREW AMES
128 WEST OAK STREET
ARCADIA, FL 34266

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

ZipCountry

ZipCountry

4. FEI Number
59-3476414

Applied For
Not Applicable

5. Certificate of Status Desired

04022007Chg-LPCR2E003 (12/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTRO, MARIA E
231 SOUTH BREVARD AVENUE
ARCADIA, FL 33821

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

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
Signature, typed or printed name of registered agent and title if applicable.

U00000730636
05/09/07-80089-011 1150.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CASTRO, MARIA E
231 S. BREVARD
ARCADIA, FL 34266

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CASTRO, JOSE A SR.
231 S. BREVARD
ARCADIA, FL 34266

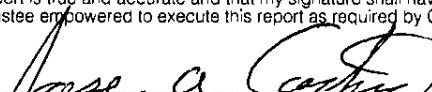
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NAME
STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DateDaytime Phone #