

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A98000001801**

1. Entity Name  
**CASTLE TWO, LTD.**



Principal Place of Business  
**11900 BISCAYNE BLVD., SUITE 262  
NORTH MIAMI, FL 33181**

Mailing Address  
**11900 BISCAYNE BLVD., SUITE 262  
NORTH MIAMI, FL 33181**

**FILED**  
**07 AUG 27 PM 2: 25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



07022007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0857959**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GREEN, PATRICIA K  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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**

DOCUMENT # **P98000048470**  
NAME **CASTLE TWO CORP.**  
STREET ADDRESS **11900 BISCAYNE BLVD., SUITE 262**  
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

DOCUMENT # **Dolphin 605-35335**  
NAME **DELTA PROPERTIES & INVESTMENTS LLC**  
STREET ADDRESS **1700 NW 66TH AVENUE #102**  
CITY-ST-ZIP **PLANTATION, FL 33313**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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**400109140144**  
**09/06/07--01039--018 \*\*508.75**

**DO NOT WRITE  
IN THIS SPACE**

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

**6/30/07 305-891-3331**

Daytime Phone #

STAPLE CHECK HERE