

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 09, 2008 08:00 A
Secretary of State

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



03122008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0857959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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
After May 1, 2008, Fee will be \$900.00

04/22/08-80064-002 508.75

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 # **P98000046470**
NAME **CASTLE TWO CORP.**
STREET ADDRESS **11900 BISCAYNE BLVD., SUITE 262**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

DOCUMENT # **L05000035335**
NAME **DOLPHIN PROPERTIES & INVESTMENTS LLC**
STREET ADDRESS **1700 NW 66TH AVENUE #102**
CITY-ST-ZIP **PLANTATION, FL 33313**

DOCUMENT #
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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

Date

Daytime Phone #

4/3/08 *325891-3337*