

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004220

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** CASTILLO-LANTHIER CAPE CORAL PROPERTIES, LLC

**Current Principal Place of Business:**

15880 CATALPA COVE DRIVE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

15880 CATALPA COVE DRIVE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-1012128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTILLO, LARRY L  
15880 CATALPA COVE DRIVE  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

TAX & FINANCIAL STRATEGISTS, LLC  
3365 WOODS EDGE CIRCLE  
SUITE 104  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: THOMAS WANDERON, E.A.

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CASTILLO, LARRY L  
Address: 15880 CATALPA COVE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR  
Name: LANTHIER, DONNA M  
Address: 15880 CATALPA COVE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY L. CASTILLO

MGR

04/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date