

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90210 044 ****50.00

DOCUMENT # L00000008456		
1. Entity Name CASTLE KAY, L.L.C.		

Principal Place of Business 3440 HOLLYWOOD BLVD. #360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD. #360 HOLLYWOOD, FL 33021
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24005157



2. Principal Place of Business 18851 NE 29th AV Suite, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th AV Suite, Apt. #, etc. 900
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01262004 Chg-LLC CR2E083 (10/03)

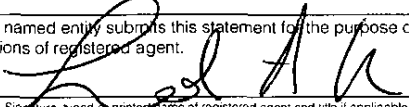
City & State Aventura, FL	City & State Aventura, FL
Zip 33180	Zip 33180
Country USA	Country USA

4. FEI Number 65-1112316	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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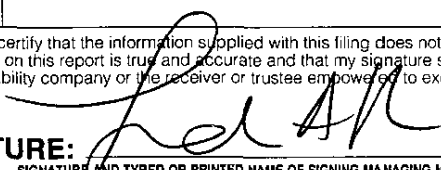
6. Name and Address of Current Registered Agent ROTH, LEONARDO A 3440 HOLLYWOOD BLVD. #360 HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Name LEONARDO A. ROTH, ESQ Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV, SUITE 900 City Aventura FL Zip Code 33180	
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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 	LEONARDO A. ROTH, ESQ 1/28/04 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUSSO, MARK 3440 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUSSO, MARK 18851 NE 29th AVENUE, SUITE 900 Aventura, FL 33180 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, LEONARDO A 3440 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, LEONARDO A 18851 NE 29th AVENUE, SUITE 900 Aventura, FL 33180 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	LEONARDO A. ROTH MGRM 1/28/04 786-279-0000 Date Daytime Phone #