## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am § Secretary of State DOCUMENT # L0000013313 1. Entity Name 05-22-2002 90226 037 \*\*\*\*50.00 CASTILLO GRAND #2, L.L.C. Principal Place of Business Mailing Address 2455 E. SUNRISE BLVD., SUITE 916 2455 E. SUNRISE BLVD., SUITE 916 966964 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1052799 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASTRIANA, F. R Street Address (P.O. Box Number is Not Acceptable) 1500 N. FEDERAL HIGHWAY, STE. 200 FT. LAUDERDALE FL 33304 City Zip 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MEM TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME **BULLARD, FRED** NAME STREET ADDRESS 2325 ULMERTON RD., SUITE 20 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP MEM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCNEEL, VAN NAME NAME 2325 ULMERTON RD., SUITE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP MEM . Delete -TITLE TITLE . Change ☐ Addition BULLARD, KAROL K NAME NAME STREET ADDRESS 2455 E. SUNRISE BLVD., SUITE 916 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEGACY TECHNOLOGIES, INC. NAME NAME STREET ADDRESS 2455 E. SUNRISE BLVD., SUITE 916 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED