

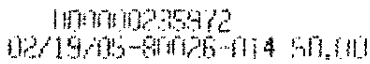
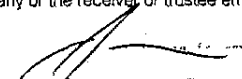


**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000002359</b>		<b>Secretary of State</b>	
1. Entity Name CASTLES ON THE GREEN, LLC			
Principal Place of Business 219 N DIXIE HWY LAKE WORTH, FL 33460		Mailing Address 219 N DIXIE HWY LAKE WORTH, FL 33460	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01252005No Chg-LLC      CR2E083 (10/03)	
		4. FEI Number 65-1084755	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MILLER, JAMES F 219 N DIXIE HWY LAKE WORTH, FL 33460		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, JAMES F 219 N DIXIE HWY LAKE WORTH, FL 33460	 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: 		Date: 1/31/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #</small>			