


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 AM 9:27

DOCUMENT # L01000002359				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name CASTLES ON THE GREEN, LLC		06 NOV 15 AM 9:27			
Principal Place of Business 219 N DIXIE HWY LAKE WORTH, FL 33460		Mailing Address 219 N DIXIE HWY LAKE WORTH, FL 33460			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1084755	
Zip		Country		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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR MILLER, JAMES F 219 N DIXIE HWY LAKE WORTH, FL 33460			300081775343 11/15/06--01003--020 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			MANAGER LORETTA SHARPE 219 N. DIXIE HWY LAKE WORTH FL 33460		
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11. 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 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: _____ 11/10/06 561.547.1932					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					