

**.. 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L01000002359 1. Entity Name CASTLES ON THE GREEN, LLC	
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Principal Place of Business 219 N DIXIE HWY LAKE WORTH, FL 33460	Mailing Address 219 N DIXIE HWY LAKE WORTH, FL 33460
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**DO NOT WRITE IN THIS SPACE**



01032007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1084755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, JAMES F  
219 N DIXIE HWY  
LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

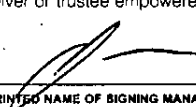
**Filing Fee is \$50.00 Due by May 1, 2007**

U00000757555  
05/23/07-80075-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, JAMES F 219 N DIXIE HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARPE, LORETTA 219 N DIXIE HWY LAKE WORTH, FL 33460
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**DO NOT WRITE IN THIS SPACE**

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:**  **4/30/07** **561 547-1932**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #