

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90028 016 ****55.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000006637**

1. Entity Name
CASTILLA EQUESTRIAN PROPERTIES, LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15990 LAUREL CREEK DR.
Suite, Apt. #, etc.

3. Mailing Address
15990 LAUREL CREEK DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FLORIDA
Zip
33446
Country

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33446
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4. FEI Number
65-1103780
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

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IN THIS SPACE**

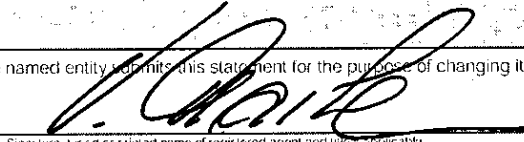
7. Name and Address of Current Registered Agent

Name
VICENTE FRAILE
Street Address (P.O. Box Number is Not Acceptable)
15990 LAUREL CREEK DR.

City
DELRAY BEACH FL Zip Code
33446

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



STATE

DATE
8-13-02

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER
NAME
VICENTE FRAILE
STREET ADDRESS
15990 LAUREL CREEK DRIVE
CITY-STATE-ZIP
DELRAY BEACH, FLORIDA 33446

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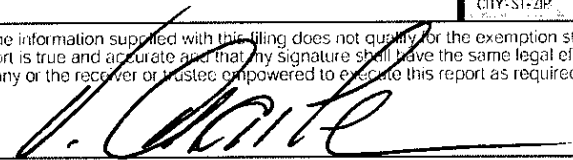
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IN THIS SPACE**

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

8/13/02 (561) 389-4888

Date

Daytime Phone #

CR2E083B (12/01)