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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15990 LAUREL CREEK DR.	15990 LAUREL CREEK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FLORIDA	City & State: DELRAY BEACH, FLORIDA
Zip: 33446 Country:	Zip: 33446 Country:

4. FEI Number: 65-1103780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

DO NOT WRITE 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: V. Fraile — 8-13-02

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER VICENTE FRAILE 15990 LAUREL CREEK DRIVE DELRAY BEACH, FLORIDA 33446
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CR2E083B (12/01)

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: V. Fraile — 8/13/02 — (561) 389-4888

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