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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98707

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007786

1. Entity Name
CASTLE PROPERTIES, LLC

Principal Place of Business	Mailing Address
106 1ST LANE PALM BEACH GARDENS FL 33418	106 1ST LANE PALM BEACH GARDENS FL 33418

2. Principal Place of Business		3. Mailing Address	
505 NE 3rd St		505 NE 3rd St	
Suite, Apt #, etc. Suite #200		Suite, Apt #, etc. Suite #200	
City & State Delray Beach, Florida		City & State Delray Beach, Florida	
Zip 33483	Country USA	Zip 33483	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1102050 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, PETER
106 1ST LANE
PALM BEACH GARDENS FL 33418

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARIA MUNRO 505 N.E. 3rd Street , Suite 200 Delray Beach, FL 33483 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PETER SMITH 505 N.E. 3rd Street, Suite 200 Delray Beach, FL 33483 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

BK

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: MARIA MUNRO — 4/27/02 — (561) 330-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)