2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L01000008116

Entity Name: IMPERIAL CASTLEWOOD, LLC

Current Principal Place of Business:

2663 AIRPORT RD S
D 110
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2663 AIRPORT RD S
D 110
NAPLES, FL 34112

New Mailing Address:

FEI Number: 65-0736507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYANT, EDWARD R JR.
2663 AIRPORT RD P
D 110
NAPLES, FL 39112 US

Name and Address of New Registered Agent:

BRYANT, EDWARD R JR.
2663 AIRPORT RD SOUTH STE D-110
D 110
NAPLES, FL 39112 US

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: EDWARD R. BRYANT JR 01/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: D ( ) Delete
Name: BRYANT, ED
Address: 2663 AIRPORT RD. S., D-110
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: LLOYD, SHEEHAN
Address: 2663 AIRPORT RD. S., D-110
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BRYANT, EDWARD R JR
Address: 2663 AIRPORT RD. S., D-110
City-St-Zip: NAPLES, FL

Title: MGR (X) Change ( ) Addition
Name: LLOYD, SHEEHAN
Address: 2663 AIRPORT RD. S., D-110
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD R. BRYANT JR MGRM 01/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date