

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013959

FILED
Jul 27, 2004
Secretary of State

Entity Name: LANDCASTLE DIVERSIFIED LLC

Current Principal Place of Business:

1320 N LAKE SHIPP DR. SW
SUITE 2
WINTER HAVEN, FL 33880 PK

New Principal Place of Business:

Current Mailing Address:

1320 N LAKE SHIPP DR. SW
SUITE 2
WINTER HAVEN, FL 33880 PK

New Mailing Address:

FEI Number: 59-3737872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTLEBERG, BENJAMIN D
1320 N LAKE SHIPP DR. SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CASTLEBERG, BENJAMIN D
Address: 1320 N LAKE SHIPP DR. SW
City-St-Zip: WINTERHAVEN, FL 33880 PK

Title: MGR () Delete
Name: CASTLEBERG, PHILLIP J
Address: 1344 LONG HILL DR.
City-St-Zip: APOPKA, FL 32712 OR

Title: MGR () Delete
Name: HEALTH MANAGCORP IN, C
Address: 3449 HWY 27, SUITE 134
City-St-Zip: FROSTPROOF, FL 33843 PK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEN CASTLEBERG

MGR

07/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date