

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002020

Entity Name: CASTLE BUILDERS, L.L.C.

FILED
Jul 19, 2007
Secretary of State

Current Principal Place of Business:

380 S SR 434
SUITE 1004 #310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

380 S SR 434
SUITE 1004 # 310
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 04-3611253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STAGGS, MICHAEL M
380 S. SR 434, SUITE 1004
ALTAMONTE SPRINGS, FL 32714 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/MANAGERS:

Title: MGRM () Delete
Name: STAGGS, MICHAEL M
Address: 9726 BEAR LAKE RD
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STAGGS, MICHAEL M
Address: 9726 BEAR LAKE RD
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Change (X) Addition
Name: STAGGS, TAMMI L
Address: 380 S. SR 434 SUIT 1004 APT 310
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL M STAGGS

MGRM

07/19/2007

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