2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 28, 2005 8:00 am Secretary of State DOCUMENT # L02000004107 1. Entity Name 03-28-2005 90293 028 ****50.00 CASTELLO INVESTMENTS, LLC Principal Place of Business Mailing Address 300 SE 11TH AVE 437 TAMARINA DRIVE HALLANDALE BEACH FL 33009 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Holibay Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State 4. FEI Number Applied For 27-0008174 HALLANDALE BEACIT, FL Not Applicable Zip Country \$5.00 Additional 33009 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 2400 EAST COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Addition Delete NAME ALBU, STEVEN 454 HOLIDAY Drive STREET ADDRESS **484 HOLIDAY DRIVE** STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-7IP HALLANDALE BEACH, FL 33009 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME__ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED