FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90273 011 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3000433303

DOCUMENT # L02000005313

1. Entity Name
CASTLE VENDING, L.C.

Principal Place of Business	Mailing Address
2385 EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431 US	2385 EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1650600 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DILEO, JASON 1729 EAST COMMERCIAL BLVD. SUITE 323 FORT LAUDERDALE, FL 33334	Name Harold Haimowitz, P.A. Street Address (P.O. Box Number is Not Acceptable) 4100 NW Boca Raton Blvd, #B-201 City Boca Raton FL Zip Code 33431

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 [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILEO, JASON 1729 EAST COMMERCIAL BLVD. SUITE 323 FORT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DiLeo, Jason 170 Northeast Second street P.O. Box 554 Boca Raton, FL. 33429 ☒ 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

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: [signature] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)