


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000015721 |  |
| 1. Entity Name KASTLE II, LLC <i>Same No Change</i> | |

| | |
|--|---|
| Principal Place of Business 881 A MECCA DR SARASOTA FL 34231 | Mailing Address MITRI-ROSE GADAH 3441 PLANTATION DRIVE SARASOTA FL 34231 |
|--|---|



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|---|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box # <i>Same</i> | 3. Mailing Address <i>Same</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State <i>Same</i> |
| Zip | Country |

1st MOORE CR2E083 (10/06)

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|---|--|
| 4. FEI Number 59-2904725 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent NAJMY, JOSEPH L 1205 MANATEE AVENUE WEST SARASOTA FL 34231 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GADAH, MITRI-ROSE 3441 PLANTATION DRIVE SARASOTA FL 34231 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000691773 04/13/07-80024-007 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mitri-Rose Gadah* 4-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #