


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000015721	
1. Entity Name KASTLE II, LLC	

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 # Suite, Apt. #, etc	3. Mailing Address <i>Same above</i> Suite, Apt. #, etc
City & State	City & State <i>Same</i>
Zip Country	Zip <i>Same</i> Country

1st MOORE CR2E083 (10/07)

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	

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's signature is required when installing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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
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02/27/08-80046-025 138.75

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* **2.15.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: _____