2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005
Secretary of State

DOCUMENT# L02000021437

Entity Name: CASTLE VEST I L.L.C.

Current Principal Place of Business:

940 CENTRE CIRCLE STE. 2020
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

940 CENTRE CIRCLE STE. 2020
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 01-0742374 **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:

MACINNIS, RON
940 CENTRE CIRCLE STE. 2020
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: MACINNIS, RONALD
Address: 731 NORTH PARK AVENUE
City-St-Zip: EASTON, CT 06612

Title: MGRM ( ) Delete
Name: GONZALEZ, FRANCISCO V
Address: 219 NORTH JUSTINA STREET
City-St-Zip: HINSDALE, IL 60521

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MACINNIS, RONALD
Address: 5019 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON MACINNIS MGRM 08/11/2005

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