


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90109 027 ****55.00

| | |
|---|---|
| DOCUMENT # L02000029408 |  |
| 1. Entity Name CASTRO PROPERTY INVESTMENTS, LLC | |

| | |
|---|--|
| Principal Place of Business 8778 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 | Mailing Address 1300 N FLORIDA MANGO RD STE #8 WEST PALM BEACH, FL 33409 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business 1030 medicis Place | 3. Mailing Address 1300 N. Florida mango rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 18 |
| City & State Wellington FL | City & State West Palm Bch FL |
| Zip 33467 | Country |
| | Zip 33409 |
| | Country |

60006301



07072005 Chg-LLC CR2E083 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 51-0441360 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

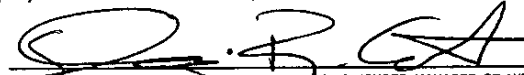
| | |
|---|---|
| 6. Name and Address of Current Registered Agent CASTRO, DOMINGO R 8778 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10301 medicis Place City Wellington, FL Zip Code 33467 |
|---|---|

| | |
|---|---|
| 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, typed or printed name of registered agent and title if applicable. | Manager 7/7/05 (NOTE: Registered Agent signature required when reinstating) DATE |

| | |
|---|--|
| Filing Fee is \$50.00 Due by September 7, 2005 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASTRO, DOMINGO R 8778 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgrm Domingo Castro 10301 medicis Place Wellington, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASTRO, JUAN JR 702 SOUTH EAST 7TH STREET DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgrm Thalluce Castro 10301 medicis Place Wellington, FL 33467 <input type="checkbox"/> Change <input checked="" 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 |
| 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 |
| 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 |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | 7/7/05 Date | Daytime Phone # |
|---|----------------|---------------------|