

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90005 004 ****55.00

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DOCUMENT # L02000029411 1. Entity Name CASTRO/FERNANDEZ PROPERTIES, LLC					
Principal Place of Business 8778 WENDY LANE SOUTH WEST PALM BEACH, FL 33411			Mailing Address 1300 N FLORIDA MANGO RD SUITE #8 WEST PALM BEACH, FL 33409		
2. Principal Place of Business 10301 Medicis Place Suite, Apt. #, etc.		3. Mailing Address 1500 N. Florida Mango Rd Suite, Apt. #, etc. Suite 17		07202005 Chg-LLC CR2E083 (10/03)	
City & State Wellington FL Zip 33467 Country		City & State West Palm Beach, FL Zip 33409 Country		4. FEI Number 03-0493693 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CASTRO, THALLYGEE 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) City FL Zip Code				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 7/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE				Filing Fee is \$50.00 Due by September 7, 2005	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTRO, DOMINGO R 8778 WENDY LANE SOUTH WEST PALM BEACH, FL 33411	<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	MGR CASTRO, THALLYGEE 8778 WENDY LANE SOUTH WEST PALM BEACH, FL 33411	<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	<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	<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: 7/21/05 561-684-7300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #				Filing Fee is \$50.00 Due by September 7, 2005	