

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013644

FILED  
Jan 23, 2005  
Secretary of State

Entity Name: CASTLE FINDERS REAL ESTATE, LLC

**Current Principal Place of Business:**

3514 SHOREWOOD DRIVE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3514 SHOREWOOD DRIVE  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 01-0775731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALASH, LINDA  
215 CELEBRATION PLACE, STE. 500  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

BALASH, LINDA  
3514 SHOREWOOD DRIVE  
KISSIMMEE, FL 34746 US

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: LINDA C. BALASH

01/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BALASH, LINDA  
Address: 215 CELEBRATION PLACE, STE. 500  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BALASH, LINDA  
Address: 3514 SHOREWOOD DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM ( ) Change (X) Addition  
Name: BALASH, JOSEPH J SR  
Address: 3514 SHOREWOOD DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

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: JOSEPH J. BALASH, SR.

MGRM

01/23/2005

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