

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013644

**FILED**  
**Jan 19, 2006**  
**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 (X)**

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

BALASH, LINDA  
3514 SHOREWOOD DRIVE  
KISSIMMEE, FL 34746 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:** BALASH, LINDA  
**Address:** 3514 SHOREWOOD DRIVE  
**City-St-Zip:** KISSIMMEE, FL 34746

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

**ADDITIONS/CHANGES:**

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

**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 Chapter 119, 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:** LINDA C. BALASH

MRS.

01/19/2006

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