


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022161
 1. Entity Name
 DANIEL J. CASTILLO LLC



| | |
|---|---|
| Principal Place of Business 10625 NORTH MILITARY TRAIL, STE. 202 PALM BEACH GARDENS, FL 33410 | Mailing Address 10625 NORTH MILITARY TRAIL, STE. 202 PALM BEACH GARDENS, FL 33410 |
|---|---|



01142005No Chg-LLC CR2E083 (10/03)

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|----------------------------------|--|
| 4. FEI Number 32-0086752 | 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
 CASTILLO, DANIEL J
 10625 NORTH MILITARY TRAIL, STE. 202
 PALM BEACH GARDENS, FL 33410

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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: Daniel Castillo [Signature] President 1/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$50.00
Due by May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTILLO, DANIEL J 10625 N MILITARY TRAIL STE. 202 PALM BEACH GARDENS, FL 33410 |
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 01/26/05-80013-025 55.00

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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: Daniel Castillo [Signature] President 1/14/05 561 776 5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #