

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001108

1. Entity Name
CASTOR, LLC



Principal Place of Business
**8500 NE 10TH AVE.
MIAMI, FL 33138 US**

Mailing Address
**8500 NE 10TH AVE.
MIAMI, FL 33138 US**



03092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1092748

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADELSON, ANTHONY S ESQ.
3180 SOUTH OCEAN DR.
515
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERIKSSON, CHRISTER J 8500 NE 10TH AVE. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA-POLANCO, JORGE 8500 NE 10TH AVE. MIAMI, FL 33138
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03/23/06-80011-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

8/3/06

805-2153326