

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005953

FILED
Feb 13, 2007
Secretary of State

Entity Name: CASTLE BEACH PROPERTIES, LLC

Current Principal Place of Business:

13835 TORTUGA POINT DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

6960 BONNEVAL ROAD STE. 102
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 56-2451463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, BRIAN D
13835 TORTUGA POINT DRIVE
JACKSONVILLE, FL 32225 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: MGR () Delete
Name: FLYNN, BRIAN D
Address: 13835 TORTUGA POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR () Delete
Name: MCCAFFREY, BRIAN E
Address: 3813 SALTMEADOW COURT S
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGR () Delete
Name: HEALEY, JAMES M
Address: 1301 SOUTH 1ST STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

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

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: BRIAN D. FLYNN

MGR

02/13/2007

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