2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400006260

1. Entity Name

CASTILE INVESTMENTS, LLC



Principal Place of Business

1416 CASTILE AVENUE CORAL GABLES, FL 33134-4712 Mailing Address

1416 CASTILE AVENUE CORAL GABLES, FL 33134-4712 FILED Feb 08, 2008 08:00 AN Secretary of State



01302008No Chg-LLC

CR2E083 (12/07)

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, 1	4. FEI Number		Applied For
,	20-0703996	[Not Applicable
	5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 DO NOT WRITE
IN THIS SPACE

Particulating a figure beginning a probability

	The above named entity submits this statement for the purpose of c the obligations of registered agent.	changing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and	accept
ŞI	GNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent alignature required when reinstating)	DATE	
	EILE NOWIL EEE IS \$420 75		· · · · · · · · · · · · · · · · · · ·	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

	MANAGING MEMPERCHANAGERS						
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM						
NAME	SELEM, JOSE S						
STREET ADDRESS	1416 CASTILE AVE						
CITY-ST-ZIP	CORAL GABLES, FL 33134						
TITLE	MGRM						
NAME	SELEM, SARAH L						
STREET ADDRESS	1416 CASTILE AVE						
CITY-ST-ZIP	CORAL GABLES, FL 33134						
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11 hereby certify that the information supplied with this filling does not qualify for the							

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DO NOT WRITE

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.

GNAIURE:	<u></u>	120				
SIGNATURE	AND TYPES OF	PRINTED NAME	OF SIGNING MA	TAGING MEMBE	R, OR AUTHORIZED	REPRESENTATIVE

2/5/08

Daytime Phone #