


**2007 LIMITED LIABILITY COMPANY:  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000026293</b> 1. Entity Name CASTELANE LOFTS, LLC	
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Principal Place of Business 17150 ROYAL PALM BLVD 2 WESTON, FL 33326	Mailing Address 17150 ROYAL PALM BLVD 2 WESTON, FL 33326
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<b>DO NOT WRITE IN THIS SPACE</b>
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02012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-1990353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOKANA, ALBERT A 809 CRESTVIEW CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, JAIRO H 17150 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARZON, CRISANTO 17150 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326
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<p>U000000629724 02/19/07-80012-024 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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
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<b>SIGNATURE:</b> 	feb 02-07 (954) 888-4202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>