

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90051 042 \*\*\*\*50.00

<b>DOCUMENT # L04000034127</b>					
<b>1. Entity Name</b> CASTELVETRO, L.L.C.					
<b>Principal Place of Business</b> C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL 33139			<b>Mailing Address</b> C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL 33139		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-3142801					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>					
AZRIA, ISABELLE E ESQ C/O AZRIA LAW FIRM, P.A. 1741 ALTON ROAD MIAMI BEACH, FL 33139					
<b>7. Name and Address of New Registered Agent</b>					
Name: Azria, Isabelle E ESQ					
Street Address (P.O. Box Number is Not Acceptable): C/O Azria Law Firm, P.A.					
420 Lincoln Rd., Suite 235-B					
City: Miami Beach FL Zip Code: 33139					
<b>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.</b>					
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, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVERGREEN OVERSEAS HOLDINGS, INC. <input type="checkbox"/> Delete 7301 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Evergreen Overseas Holdings, Inc. 407 Lincoln Rd, Suite 4-C Miami Beach, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bernard Mollet C/O Evergreen Overseas Holdings, Inc. 407 Lincoln Road, Suite 4-C Miami Beach, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">04/12/06</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					