


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000034127

1. Entity Name
CASTELVETRO, L.L.C.



Principal Place of Business
**C/O EVERGREEN OVERSEAS HOLDINGS, INC.
 407 LINCOLN ROAD, SUITE 4-C
 MIAMI BEACH, FL 33139**

Mailing Address
**C/O EVERGREEN OVERSEAS HOLDINGS, INC.
 407 LINCOLN ROAD, SUITE 4-C
 MIAMI BEACH, FL 33139**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02142006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**AZRIA, ISABELLE E ESQ
 C/O AZRIA LAW FIRM, P.A.
 1741 ALTON ROAD
 MIAMI BEACH, FL 33139**

7. Name and Address of ~~Current~~ Registered Agent
 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**

4. FEI Number
20-3142801 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
 Florida Department of State**

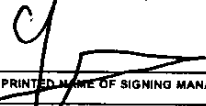
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVERGREEN OVERSEAS HOLDINGS, INC. 7301 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evergreen Overseas Holdings, Inc. 407 Lincoln Rd, Suite 4-C Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bernard Mollet C/O Evergreen Overseas Holdings, Inc. 407 Lincoln Road, Suite 4-C Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" 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

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:  **04/12/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #