

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 11:00

DOCUMENT # L04000038179 1. Entity Name CASTLE BEACH, LLC		
Principal Place of Business 9735 SW 49 ST MIAMI, FL 33165		Mailing Address 9735 SW 49 ST MIAMI, FL 33165
2. Principal Place of Business 10575 S.W. 59st. Suite, Apt. #, etc.	3. Mailing Address 10575 S.W. 58 ST Suite, Apt. #, etc.	
City & State Miami, FL.	City & State Miami, FL.	4. FEI Number 02072006 REIN-LLC CR2E101 (11/05)
Zip 33173	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, CARMEN 10575 S.W. 58 STREET MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 <u><i>Carmen Fernandez</i></u> CARMEN FERNANDEZ		DATE 2/7/06
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELIPE, ILIANA <input checked="" type="checkbox"/> Delete 9735 SW 49 ST MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. CARMEN FERNANDEZ <input type="checkbox"/> Delete 10575 S.W. 58 ST. Miami, FL 33173	900066837199 02/28/06--01055--010 **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u><i>Carmen Fernandez</i></u> CARMEN FERNANDEZ		DATE 2/1/06 305-588-8498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #