

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90070 012 ****50.00

DOCUMENT # L04000054525 1. Entity Name CASTELANE LOFTS II, LLC	
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Principal Place of Business 17150 ROYAL PALM BOULEVARD, SUITE 2 WESTON, FL 33324	Mailing Address 17150 ROYAL PALM BOULEVARD, SUITE 2 WESTON, FL 33324
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2. Principal Place of Business - No P.O. Box # 17150 Royal Palm Blvd	3. Mailing Address 17150 Royal Palm Blvd
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2

02022007 Chg-LLC CR2E083 (12/06)

City & State Weston - FL	City & State Weston - FL
Zip 33326	Country USA

4. FEI Number 20-1405694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WACHS, JEFFREY S 1177 S.E. 3RD AVE. FT. LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	YOKANA, ALBERT A
STREET ADDRESS	809 CRESTVIEW CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM <input type="checkbox"/> Delete
NAME	VELA, JAIRO H
STREET ADDRESS	17150 ROYAL PALM BOULEVARD, SUITE 2
CITY-ST-ZIP	WESTON, FL 33324
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GARZON, CRISANTO
STREET ADDRESS	17150 ROYAL PALM BOULEVARD, SUITE 2
CITY-ST-ZIP	WESTON, FL 33324
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vela, Jairo H
STREET ADDRESS	17150 Royal Palm Blvd, Ste 2
CITY-ST-ZIP	Weston, FL 33326
TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garzon, Crisanto
STREET ADDRESS	17150 Royal Palm Blvd, Ste 2
CITY-ST-ZIP	Weston-FL 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* Feb 02-07 (954)888-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #