


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L04000054525</b>	
1. Entity Name <b>CASTELANE LOFTS II, LLC</b>	

Principal Place of Business <b>17150 ROYAL PALM BOULEVARD, SUITE 2 WESTON, FL 33324</b>	Mailing Address <b>17150 ROYAL PALM BOULEVARD, SUITE 2 WESTON, FL 33324</b>
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2. Principal Place of Business - No P.O. Box # <b>17150 Royal Palm Blvd</b>	3. Mailing Address <b>17150 Royal Palm Blvd</b>
Suite, Apt. #, etc. <b>Suite 2</b>	Suite, Apt. #, etc. <b>Suite 2</b>
City & State <b>Weston - FL</b>	City & State <b>Weston - FL</b>
Zip <b>33326</b>	Country <b>USA</b>



02022007 Chg-LLC CR2E083 (12/06)

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

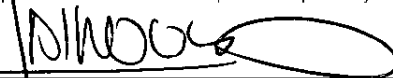
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YOKANA, ALBERT A 809 CRESTVIEW CIRCLE WESTON, FL 33327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VELA, JAIRO H 17150 ROYAL PALM BOULEVARD, SUITE 2 WESTON, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Vela, Jairo H 17150 Royal Palm Blvd, Ste 2 Weston, FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARZON, CRISANTO 17150 ROYAL PALM BOULEVARD, SUITE 2 WESTON, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Garzon, Crisanto 17150 Royal Palm Blvd, Ste 2 Weston-FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.

<b>SIGNATURE:</b> 	<b>Feb 02-07</b> (954)888-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #