

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064707

FILED
May 06, 2009
Secretary of State

Entity Name: FLORIDA CASTLE PROPERTIES, LLC

Current Principal Place of Business:

2837 SHERIDAN PLACE
EVANSTON, IL 60201

New Principal Place of Business:

90 NURMI DRIVE
FT. LAUDERDALE, FL 33301

Current Mailing Address:

2837 SHERIDAN PLACE
EVANSTON, IL 60201

New Mailing Address:

FEI Number: 20-1582579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAYAN, SALOMON
980 S. OCEAN BLVD.
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

DAYAN, SALOMON
90 NURMI DRIVE
FT LAUDERDALE, FL 33301 US

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.

SIGNATURE: _____

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAYAN, SALOMON J
Address: 2837 SHERIDAN PLACE
City-St-Zip: EVANSTON, IL 60201

Title: MGR () Delete
Name: DAYAN, ADAM
Address: 2837 SHERIDAN PLACE
City-St-Zip: EVANSTON, IL 60201

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAYAN, SALOMON J
Address: 90 NURMI DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALOMON J DAYAN

DR

05/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date