## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## May 02, 2005 8:00 am Secretary of State 05-02-2005 90088 003 \*\*\*\*50.00 DOCUMENT # L04000082013 LITTLE CASTLE PROPERTIES, LLC 40015670 Principal Place of Business Mailing Address 16745 SW 36TH ST. 16745 SW 36TH ST. MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address 16450 NE 31st AVENUE 6450 NE 31st AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Cha-LLC CR2E083 (10/03) City & State NORTH MIAMI BEACH, City & State NORTH MIAMI BEACH, FL 4. FEI Number 20-1884406 Applied For Not Applicable 33160 Country Country 33160 \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LALONDE, JEAN GUY Street Address (P.O. Box Number is Not Acceptable) 16745 SW 36TH ST. MIRAMAR, FL 33027 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TITLE ☐ Delete (XI) Chance ☐ Addition NAME LALONDE, JEAN GUY NAME 16450 NE 31st AVENUE 16745 SW 36TH ST. STREET ADDRESS STREET ADDRESS e NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ■ Addition NAME DE SOUSA, MARLENE NAME 16450 NE 31st AVENUE STREET ADDRESS 16745 SW 36TH ST. STREET ADDRESS 33160 CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP NORTH MIAMI BEACH, FL ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED