2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000088230

1. Entity Name
CASTAN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
8505 SOUTHWEST 69TH PLACE GAINESVILLE, FL 32608	8505 SOUTHWEST 69TH PLACE GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

02012007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1978229	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Registered Agent

KRUEGER, SCOTT
2750 NORTHWEST 43RD STREET
SUITE 201
GAINESVILLE, FL 32606

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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 _____

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TAN, BELEN
STREET ADDRESS	8505 SOUTHWEST 69TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	CASADONTE, IMELDA
STREET ADDRESS	2001 BRIGHT WATERS BOULEVARD
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ BELEN TAN _____   2/1/07   727-271-1818

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