

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000090693**

1. Entity Name

**CASTLES DEVELOPMENT LLC**



Principal Place of Business

**3326 MARY STREET, SUITE 601  
MIAMI FL 33133**

Mailing Address

**3326 MARY STREET, SUITE 601  
MIAMI FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

**20-2185472**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAZO, ALBERT J. P.A.  
3326 MARY STREET, SUITE 601  
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
NARANJO, EDUARDO  
3326 MARY STREET, SUITE 601  
MIAMI FL 33133**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HERSCOVICI, RANDY  
3326 MARY STREET, SUITE 601  
MIAMI FL 33133**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Add  
**U00000433019  
02/23/06-80083-006 50.00**

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #