


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90201 031 \*\*\*\*50.00

<b>DOCUMENT # L05000028802</b> 1. Entity Name <b>CASTLE COMMERCIAL SERVICES, LLC</b>					
Principal Place of Business <b>115 N. TAMiami TR STE 5 NOKOMIS, FL 34275</b>			Mailing Address <b>115 N. TAMiami TR STE 5 NOKOMIS, FL 34275</b>		
2. Principal Place of Business <b>3333 N. WASHINGTON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 2</b> City & State <b>SARASOTA FL</b> Zip <b>34234</b> Country <b>USA</b>		3. Mailing Address <b>3333 N. WASHINGTON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 2</b> City & State <b>SARASOTA FL</b> Zip <b>34234</b> Country <b>USA</b>			
03062006 Chg-LLC CR2E083 (11/05)					
4. FEI Number <b>65-1249228</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FORD, ROY 6706 OAK HAMMOCK DR. BRADENTON, FL 34202</b>			7. Name and Address of New Registered Agent Name <b>ROY FORD</b> Street Address (P.O. Box Number is Not Acceptable) <b>5674 MARQUESAS CIR.</b> City <b>SARASOTA FL</b> Zip Code <b>34233</b>		
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 <u><i>Roy Ford.</i></u> DATE <u><i>3/8/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FORD, ROY 6706 OAK HAMMOCK DR BRADENTON, FL 34202</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROY FORD 6706 OAK HAMMOCK DR. BRADENTON, FL 34202</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OHLSSON, RICHARD 9042 MIDNIGHT PASS RD UNIT 2-B SIESTA KEY, FL 34242</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOUISE WALKER DAVY 14501 EMERYWOOD RD. TUSTIN, CA 92780</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OHLSSON, JULIE 9042 MIDNIGHT PASS RD UNIT 2-B SIESTA KEY, FL 34242</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
		<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.					
SIGNATURE: <u><i>Roy Ford.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u><i>3/8/06</i></u> DAYTIME PHONE # <u><i>941-927-9400</i></u>		

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