

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064236

Entity Name: CASTLESPIE, LLC

FILED  
Jun 05, 2006  
Secretary of State

**Current Principal Place of Business:**

244 LAKEVIEW DRIVE NW  
SEBRING, FL 33870

**New Principal Place of Business:**

4110 LAKEVIEW DR  
SEBRING, FL 33870

**Current Mailing Address:**

244 LAKEVIEW DRIVE NW  
SEBRING, FL 33870

**New Mailing Address:**

4110 LAKEVIEW DR  
SEBRING, FL 33870

FEI Number: 20-4135361      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:**

PAMELA T. KARLSON, PA  
531 DEEN BOULEVARD  
LAKE PLACID, FL 33852      US

**Name and Address of New Registered Agent:**

LACSON, AGUSTIN J MGMR  
4110 LAKEVIEW DR  
SEBRING, FL 33870      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: J AGUSTIN LACSON

06/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LACSON, J. AUGUSTIN  
Address: 244 LAKEVIEW DRIVE NW  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LACSON, J. AUGUSTIN  
Address: 4110 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: J AGUSTIN LACSON

MGMR

06/05/2006

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