2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000068390

Entity Name: CASTLEWOOD GROUP, LLC

Current Principal Place of Business:

4045 NW 43RD STREET
SUITE A
GAIESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

4045 NW 43RD STREET
SUITE A
GAIESVILLE, FL 32606 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCKEY, JOHN C
4045 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LUCKEY, JULIUS J	
Address:	4045 NW 43RD STREET SUITE A	
City-St-Zip:	GAINESVILLE, FL 32606 US	
Title:	MGRM	( ) Delete
Name:	LACHNITT, CARL A	
Address:	2020 OLD DIXIE HIGHWAY SE STE 6	
City-St-Zip:	VERO BEACH, FL 32962 US	
Title:	MGRM	( ) Delete
Name:	REINHARD, RAY	
Address:	398 FARLEY'S COURT	
City-St-Zip:	VERO BEACH, FL 32968 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JULIUS J LUCKEY MGR 04/28/2006

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