2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105842

Entity Name: CASTLEBAR DEVELOPMENT, LTD. CO.

Current Principal Place of Business:	**New Principal Place of Business:**
27911 CROWN LAKE BLVD SUITE 207 BONITA SPRINGS, FL 34135	27911 CROWN LAKE BLVD SUITE 207 BONITA SPRINGS, FL 34135 US

Current Mailing Address:	**New Mailing Address:**
27911 CROWN LAKE BLVD SUITE 207 BONITA SPRINGS, FL 34135	27911 CROWN LAKE BLVD SUITE 207 BONITA SPRINGS, FL 34135 US

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
L & L PARA LTD., CO 27911 CROWN LAKE BLVD, STE 201 BONITA SPRINGS, FL 34135 US	L & L PARA LTD., CO 27911 CROWN LAKE BLVD, STE 209 BONITA SPRINGS, FL 34135 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: MONICA V. LYONS   04/22/2008

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	LYONS, RICHARD D		Name:	
Address:	27911 CROWN LAKE BLVD, STE 201		Address:	
City-St-Zip:	BONITA SPRINGS, FL 34135		City-St-Zip:	
Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	LYONS, KEVIN M		Name:	
Address:	27911 CROWN LAKE BLVD STE 201		Address:	
City-St-Zip:	BONITA SPRINGS, FL 34135		City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD D. LYONS   MGR   04/22/2008

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