


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 014 \*\*\*\*50.00

<b>DOCUMENT # L06000017872</b>	
1. Entity Name <b>CASTEPH CONTRACTORS LLC</b>	

Principal Place of Business <b>2025 LAVERS CIRCLE D303 DELRAY BEACH, FL 33444</b>	Mailing Address <b>2025 LAVERS CIRCLE D303 DELRAY BEACH, FL 33444</b>
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2. Principal Place of Business - No P.O. Box # <b>140 N Greenstar Ave Suite, Apt. #, etc. Pahokee FL City &amp; State 33476</b>	3. Mailing Address <b>140 N Greenstar Ave Suite, Apt. #, etc. Pahokee FL City &amp; State 33476</b>
Zip <b>33476</b>	Country <b>Palm Beach</b>

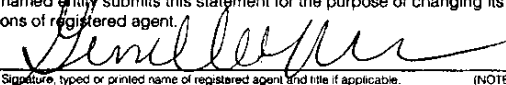
08202007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>86-1159759</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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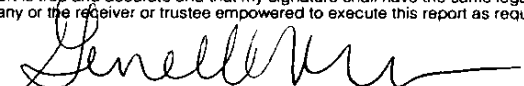
6. Name and Address of Current Registered Agent <b>NERAU, GINELLE M 2025 LAVERS CIRCLE D303 DELRAY BEACH, FL 33444</b>	
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7. Name and Address of New Registered Agent Name <b>Nerau Ginelle M</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 N Greenstar Ave</b> City <b>Pahokee</b> FL Zip Code <b>33476</b>	
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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  DATE <b>8/20/07</b>	
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<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NERAU, GINELLE M 2025 LAVERS CIR APT D303 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nerau Ginelle M 140 N Greenstar Ave Pahokee FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE <b>8/20/07</b> 772-475-7680	
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\* I did not receive a postcard