


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90078 020 \*\*\*538.75

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # L06000026380  |   |   |   |
| 1. Entity Name<br><b>MINOR CASTLES, LLC</b>  |   | Principal Place of Business<br><b>2420-6 CONCORDE DRIVE<br/>FT MYERS, FL 33901</b>   |   |
| Mailing Address<br><b>2420-6 CONCORDE DRIVE<br/>FT MYERS, FL 33901</b>   |   | 2. Principal Place of Business - No P.O. Box #<br><b>6254 Cocos Drive</b>  |   |
| 3. Mailing Address<br><b>P.O. Box 60873</b>  |   | Suite, Apt. #, etc.<br>_____   |   |
| City & State<br><b>Fort Myers, FL</b>  |   | City & State<br><b>Fort Myers, FL</b>  |   |
| Zip<br><b>33908</b> Country<br><b>US</b>   |   | Zip<br><b>33906</b> Country<br><b>US</b>   |   |
| 4. FEI Number<br><b>20-4508200</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   | 06242008 Chg-LLC CR2E083 (12/06)   |   |
| 6. Name and Address of Current Registered Agent<br><b>MINOR, DEBORAH J<br/>2420-6 CONCORDE DRIVE<br/>FT MYERS, FL 33901</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City<br><b>FL</b> Zip Code<br>_____ |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |  |   |
| <b>FILE NOW!!! FEE IS \$538.75<br/>Due by September 12, 2008</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| 9. MANAGING MEMBERS / MANAGERS   |   | 10. ADDITIONS / CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>MINOR, DEBORAH J<br/>2420-6 CONCORDE DRIVE<br/>FT MYERS, FL 33901</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>Deborah J. Minor<br/>6254 Cocos Drive<br/>Fort Myers, FL 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Deborah J. Minor</u> <b>Deborah J. Minor</b>   |   | Date: <u>6/26/08</u> Daytime Phone #: <u>239-939-2000</u>  |   |