

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90152 031 \*\*\*\*50.00

<b>DOCUMENT # L06000028352</b> 1. Entity Name <b>DELTONA COMMERCIAL PARK II, L.L.C.</b>					
Principal Place of Business <b>401 E SMITH STREET WINTER GARDEN, FL 34787</b>			Mailing Address <b>401 E SMITH STREET WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box # <b>310 S. DILLARD ST.</b>		3. Mailing Address <b>PO Box 770999</b>			
Suite, Apt. #, etc. <b>#110</b>		Suite, Apt. #, etc.			
City & State <b>Winter Garden, FL</b>		City & State <b>Winter Garden, FL</b>		4. FEL Number <b>86-1162937</b>	
Zip <b>34787</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CASTILLO, CHRIS L 401 E SMITH STREET WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name <b>John O. Bierman</b> Street Address (P.O. Box Number is Not Acceptable) <b>9600 Weatherstone CT.</b> City <b>Windermere</b> <b>FL</b> Zip Code <b>34786</b>		
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  <b>MGR JOHN BIERMAN</b> <span style="float: right;">1/18/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CASTLE GROUP HOLDINGS, L.L.C. 401 E SMITH STREET WINTER GARDEN, FL 34787</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CASTLE Group Holding, LLC 310 S. DILLARD ST. #110 Winter Garden, FL 34787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>JOHN BIERMAN</b> <span style="float: right;">1/18/07 321-947-4081</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					