

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90266 018 ***138.75

60015411



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2102527

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, GINGER
3815 U.S. 1
49
COCOA, FL 32926

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASTE WOODLAND PARTNERS, LP	
STREET ADDRESS	300 WEYMAN PLAZA, SUITE 200	
CITY-ST-ZIP	PITTSBURGH, PA 15236	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRIWOOD REALTY PARTNERS, LP	
STREET ADDRESS	300 WEYMAN PLAZA, SUITE 200	
CITY-ST-ZIP	PITTSBURGH, PA 15236	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ARWEL, LLC	
STREET ADDRESS	6501 MOLTON CIRCLE NW	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WELCAST PARTNERS, LLC	
STREET ADDRESS	300 WEYMAN PLAZA, SUITE 200	
CITY-ST-ZIP	PITTSBURGH, PA 15236	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALTWATER CAPITAL, L.P.	
STREET ADDRESS	107 WESTCHESTER DRIVE	
CITY-ST-ZIP	PITTSBURGH, PA 15215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	602 Squaw Run Road East	
CITY-ST-ZIP	Pittsburgh, PA 15238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

F. Daniel Caste, Managing Member

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/12/08 (412) 884-5300

Date Daytime Phone #