

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053296

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** THE CASTLE ACQUISITION GROUP, LLC.

**Current Principal Place of Business:**

407 LINCOLN ROAD  
2K  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

5445 COLLINS AVE  
CU-10  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

407 LINCOLN ROAD  
2K  
MIAMI BEACH, FL 33139

**New Mailing Address:**

5445 COLLINS AVE  
CU-10  
MIAMI BEACH, FL 33140

**FEI Number:** 02-0778224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GONZALEZ, LEOPOLDO  
4470 ALTON ROAD  
MIAMI BEACH, FL 33140      US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** GONZALEZ, LEOPOLDO  
**Address:** 4470 ALTON ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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:** LEOPOLDO

MGR

05/01/2008

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