

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074282

FILED
Apr 27, 2009
Secretary of State

Entity Name: CASTLE PROPERTIES GROUP II, LLC

Current Principal Place of Business:

1081 N. LK. SYBELIA DR.
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1081 N. LK. SYBELIA DR.
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-5277385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, RALPH A II
1081 N LAKE SYBELIA DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BURT II, RALPH A MGRM
1081 N LAKE SYBELIA DRIVE
MAITLAND, FL 32751 US

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: RALPH A. BURT II

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURT, RALPH A II
Address: 1081 N. LK SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751 RA

Title: MGRM () Delete
Name: BURT, SANDRA W
Address: 1081 N. LK. SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURT II, RALPH A MGRM
Address: 1081 N. LK SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Change () Addition
Name: BURT, SANDRA W MGRM
Address: 1081 N. LK. SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751

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: RALPH A. BURT II

MGRM

04/27/2009

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