2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 24, 2008 8:00 am **Secretary of State** DOCUMENT # L06000104766 03-24-2008 90231 046 ***138.75 CASTRO DEVELOPMENT LLC Principal Place of Business Mailing Address 60016410 95 FOREST AVENUE 95 FOREST AVENUE LOCUST VALLEY, NY 11560 LOCUST VALLEY, NY 11560 01252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANET, LLOYD P.A. DO NOT WRITE 2295 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE NAME KEOGH, TERRI A STREET ADDRESS 95 FOREST AVE CITY-ST-ZIP LOCUST VALLEY, NY 11560 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing do indicated on this report is true and acclurate and that the significant limited liability company or the regelver or flustee employeed. shot qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information thre shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF

FILED