

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107491

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: CASTLE ROCK CONTRACTOR LLC

**Current Principal Place of Business:**

5230 LONG RD APT E  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

5230 LONG RD APT E  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 20-8027743      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:**

CASTILLO, YERMIS  
4420 MEDALLION DR APT 410  
ORLANDO, FL 32808 US

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

CASTILLO, YERMIS  
4420 MEDALLION DR APT 410  
ORLANDO, FL 32808 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:

07/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASTILLO, YEMIS  
Address: 4420 MEDALLION DR APT 410  
City-St-Zip: ORLANDO, FL 32808

Title: MGRM ( ) Delete  
Name: TEJARA, NAARA  
Address: 5230 LONG RD APT E  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: YERMIS CASTILLO

MGR

07/06/2007

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