2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Jun 29, 2007 8:00 am Secretary of State DOCUMENT # L06000115148 05-11-2007 90194 049 ****50.00 SDH CASTLE HILL BUILDERS LLC Principal Place of Business Mailing Address 30011350 5 RIVERVIEW DRIVE SEAWALLS POINT FL 34996 5 RIVERVIEW DRIVE SEAWALLS POINT FL 34996 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 4. FEI Number 20-800 6361 City & State City & State Applied For Not Applicable Zρ Country Zρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GOVEL, WILLIAM 5 RIVERVIEW DRIVE Street Address (P.O. 8ox Number is Not Acceptable) **SEAWALLS POINT FL 34996** Zip Code 8. The above named entity submits, this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed same of registered agent and life if applicable (NOTE: Rensiered Agen) signature required when registating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES BHC MGR ☐ Delete ш Change ☐ Addition NAM GOVEL, WILLIAM NAME SIBLET ADDRESS SIRELI ADDRESS **5 RIVERVIEW DRIVE** CITY-ST-ZIP SEAWALLS POINT: FL 34996 CITY-ST-ZIP mi ☐ Delete Ditte ☐ Addition NAME STREET ADDRESS STRUCT ADDRESS CITY-SI-ZIP CRY-SI-7P THEF ☐ Delete 10111 Change Addition NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP DATE Detete Change ☐ Addition NAME NAME STOLET ADDRESS STRUET ADDRESS CHY-SI-78 CBY-SI-7P MO ☐ Delete ши Change Addition NAM MAAA STREET ADDRESS SINITE ADDRESS CITY-51-7P CITY ST-ZIP 11111 1110 ☐ Delete ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SI- AP 11. I horeby certify that the information schoolied with this filing does not qualify for the exemptions contained in Soction 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 eath; that I am a managing member or manager of the fimilial liability company or increase empowered to execute this report as required by Chapter 608, Fiorida Statutes. SIGNATURE: ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE