

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107177

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE CASTLE HOTEL LLC

Current Principal Place of Business:

5445 COLLINS AVE
CU 14
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

PO BOX 403028
MIAMI BEACH, FL 33140

New Mailing Address:

5445 COLLINS AVE
CU-10
MIAMI BEACH, FL 33140

FEI Number: 26-1293826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MECOZZI, HORACIO R
5445 COLLINS AVE
CU 14
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

EMILIO, BERKOWITZ
1861 S.W. 19 STREET
MIAMI, FL 33145 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: EMILIO BERKOWITZ

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MECOZZI, HORACIO R
Address: 5445 COLLINS AVE SUITE CU14
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: BERKOWITZ, EMILIO
Address: 5445 COLLINS AVE SUITE CU14
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR (X) Delete
Name: GONZALEZ, LEOPOLDO
Address: 5445 COLLINS AVE SUITE CU14
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, LEOPOLDO
Address: 5445 COLLINS AVE SUITE CU-10
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR (X) Change () Addition
Name: BERKOWITZ, EMILIO
Address: 1861 S.W. 19 STREET
City-St-Zip: MIAMI, FL 33145

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 GONZALEZ

MGRM

01/14/2009

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