2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071790

Entity Name: LANDCASTLE REALTY GROUP LLC

FILED Feb 16, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3000 PORTOFINO DR 4440 PGA BLVD

103 600

PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

3000 PORTOFINO DR

102

PALM BEACH GARDENS, FL 33418

FEI Number: 80-0232076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRISSON, MONICA L
33000 PORTOFINO DR
BRISSON, MONICA L
3000 PORTOFINO DR

101 103

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 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: 02/16/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: BRISSON, DALE

Address: 3000 PORTOFINO DR #103 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM

Name: BRISSON, MONICA BRISSON
Address: 3000 PORTOFINO DR #103
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM

 Name:
 BRISSON, MONICA

 Address:
 3000 PORTOFINO CIRCLE

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418

Title: MGRM

Name: BRISSON, MONICA Address: 3000 PORTOFINO CIRCLE

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM

Name: BRISSON, MONICA
Address: 3000 PORTOFINO CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM

I hereby 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 Statues.

SIGNATURE: MONICA L BRISSON PRES 02/16/2010

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