2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000001384

1. *Entity Name*
CASTLES TITLE GROUP, L.C.

Principal Place of Business	Mailing Address
219 N DIXIE HWY LAKE WORTH, FL 33460 US	219 N DIXIE HWY LAKE WORTH, FL 33460 US

DO NOT WRITE IN THIS SPACE

01252005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0799113	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES F
219 N DIXIE HWY
LAKE WORTH, FL 33460

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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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HYLAND, JUDY Q
STREET ADDRESS	219 NO. DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	MGRM
NAME	MILLER, JAMES F
STREET ADDRESS	219 N DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	
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01/28/05-80101-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: _____   1/25/05   561-721-2596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #