


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007204</b> 1. Entity Name CASTILLO GRAND LLC	
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Principal Place of Business 2455 E. SUNRISE BLVD., SUITE 916 FT. LAUDERDALE, FL 33304	Mailing Address 2455 E. SUNRISE BLVD., SUITE 916 FT. LAUDERDALE, FL 33304
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04302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0963548	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BOULEVARD, 5TH FLOOR  
TAMPA, FL 33602-5730

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CG MANAGING MEMBER INC. 2455 E. SUNRISE BLVD., SUITE 916 FT. LAUDERDALE, FL 33304
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U00000153249  
05/04/04-80119-023 50.00

**DO NOT WRITE  
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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: M. Man Treasurer of Manager 4/30/04 7275766424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #