

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000007204

1. Entity Name
CASTILLO GRAND LLC



**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90035 031 ****50.00

60040060



05012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business <i>2325 Ulmerton Rd</i>		3. Mailing Address <i>2325 Ulmerton Rd</i>	
Suite, Apt. #, etc. <i>Suite 20</i>		Suite, Apt. #, etc. <i>Suite 20</i>	
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>	
Zip <i>33762</i>	Country <i>USA</i>	Zip <i>33762</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent MORRIS, GREGORY D. 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MG CG MANAGING MEMBER INC.	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS	2455 E. SUNRISE BLVD., SUITE 916		STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Gregory D. Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/06

727.576.6424

Date

Daytime Phone #