

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003094

FILED
Jan 24, 2005
Secretary of State

Entity Name: THE CASTORO GROUP, LLC

Current Principal Place of Business:

60 EAST SIMPSON STREET, P.O. BOX 2869
JACKSON, WY 83001

New Principal Place of Business:

Current Mailing Address:

60 EAST SIMPSON STREET, P.O. BOX 2869
JACKSON, WY 83001

New Mailing Address:

FEI Number: 20-1372770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLER, KAREN
1 PROGRESS PLAZA, NO. 1210
POWELL CARNEY GROSS MALLER & RAMSEY PA
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CASTORO, DANIEL J JR
Address: P.O. BOX 2869
City-St-Zip: JACKSON, WY 83001

Title: MGRM () Delete
Name: CASTORO, WILLIAM E
Address: P.O. BOX 2869
City-St-Zip: JACKSON, WY 83001

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CASTORO, DANIEL J SR
Address: P.O. BOX 2869
City-St-Zip: JACKSON, WY 83001

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL J CASTORO JR

MGRM

01/24/2005

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