2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# M04000003094

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/MANAGERS:

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

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CASTORO, DANIEL, J, JR MGRM 04/16/2006

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