2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000004955

1. Entity Name CC CASTLE INTERNATIONAL LLC



Secretary of State 02-26-2007 90308 048 ***150.00

FILED

Feb 26, 2007 8:00 am

Principal Place of Business

510 BERING DRIVE SUITE 600 HOUSTON, TX 77057 Mailing Address

510 BERING DRIVE SUITE 600 HOUSTON, TX 77057



02072007 No Cha-LLC

CR2E083 (11/05)

4. FEI Number 76-0695171 Applied For Not Applicable

5. Cortificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

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PLANTATION, FL 33324 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS VPT TITLE BROWN, JAY NAME STREET ADDRESS 510 BERING DRIVE, SUITE 600 CITY-ST-ZIP HOUSTON, TX 77057 TITLE HAWK, E. BLAKE NAME STREET ADDRESS 510 BERING DRIVE, SUITE 600 CITY-ST-ZIP HOUSTON, TX 77057 TITLE NAME KELLY, JOHN P STREET ADDRESS 2000 CORPORATE DRIVE DO NOT WRITE CITY-ST-ZIP CANONSBURG, PA 15317 IN THIS SPACE TITLE MORELAND, W. BENJAMIN NAME STREET ADDRESS 510 BERING DRIVE, SUITE 600 CITY-ST-71P HOUSTON, TX 77057 TITLE NAME REID, DONALD J JR. STREET ADDRESS 510 BERING DRIVE, SUITE 600 CETY-ST-ZIP HOUSTON, TX 77057 ITLE

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 reserver or trustee empayered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

71<u>3-570-300</u>0

Daytirne Phone #