
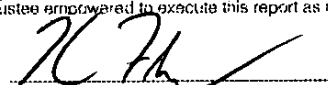


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 9:18

DOCUMENT # A05000002024				
1. Entity Name CSA RRH, LTD.				
Principal Place of Business 516 LAKEVIEW RD. UNIT 8 CLEARWATER, FL 33756		Mailing Address 516 LAKEVIEW RD. UNIT 8 CLEARWATER, FL 33756		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 20-3924727				
Applied For Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.				
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L05000101169 CSA LLC 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	STREET ADDRESS CITY - ST - ZIP	900068099839 03/20/06 01017 020 **500.75	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.				
SIGNATURE: 		As Vice-President of LLC General Partner 2/23/06 727-449-1182		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Date-time Phone #</small>		

STAPLE CHECK HERE