## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## DOCUMENT # A05000002024

Entity Name
 CSA RRH.LTD.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

516 LAKEVIEW RD.

UNIT 8 CLEARWATER, FL 33756 Mailing Address

516 LAKEVIEW RD.

UNIT 8

CLEARWATER, FL 33756



DO NOT WRITE IN THIS SPACE

01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3924727

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 DO NOT WRITE
IN THIS SPACE

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

12.

Signature, typed or printed name of registered agent and little if applicable

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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.

| SIAPLE CHECK HERE | 16,            | GENERAL PARTNER INFORMATION             |
|-------------------|----------------|---|
|                   | DOCUMENT #     | L05000101169                            |
|                   | NAME           | CSA LLC                                 |
|                   | STREET ADDRESS | 516 LAKEVIEW ROAD UNIT 8                |
|                   | CITY -ST-ZIP   | CLEARWATER, FL 33756                    |
|                   | DOCUMENT #     |   |
|                   | NAME           |   |
|                   | STREET ADDRESS | ,                                       |
|                   | CITY-ST-ZIP    |   |
|                   | DOCUMENT /     |   |
|                   | HAME           |   |
|                   | STREET ADDRESS |   |
|                   | CITY+ST-ZIP    |   |
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|                   | NAMIÉ          |   |
|                   | STREET ADDRESS |   |
|                   | CITY-ST-ZIP    |   |
|                   | DOCUMENT #     | *************************************** |
|                   | NAME           | ,                                       |
|                   | STREET ADDRESS |   |
|                   | CITY-ST-7IP    |   |
|                   | DOCUMENT #     |   |
|                   | NAME           |   |
|                   | STREET ADDRESS |   |
|                   | CHY-51-7/2     |   |

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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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

As Vice-President of

2/07 707-449-1185