


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000552
 1. Entity Name
 CSA IMPORTS L.L.C.



Principal Place of Business: 4306 PABLO OAKS COURT, JACKSONVILLE, FL 32224
 Mailing Address: PO BOX 16469, JACKSONVILLE, FL 32245-6469

DO NOT WRITE IN THIS SPACE



03172005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3631079 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMM, CHARLIE 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARLETTE, LINDA 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Linda Marlette Linda Marlette 31805 904-992-4110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #