


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

04 MAR -9 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003008	
1. Entity Name CSDV-GP, LLC	

Principal Place of Business C/O CALIFORNIA STATE TEACHERS 7667 FOLSOM BOULEVARD, MS04 SACRAMENTO, CA 95826	Mailing Address C/O CALIFORNIA STATE TEACHERS 7667 FOLSOM BOULEVARD, MS04 SACRAMENTO, CA 95826
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02132004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1295939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

[Handwritten Signature]

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000030671390
03/17/04--01057--012 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE* NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALIFORNIA STATE TEACHERS' RETIREMENT SYS 7667 FOLSOM BOULEVARD, MS04 SACRAMENTO, CA 95826
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* 3/2/04 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #