2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000003008

1. Entity Name CSDV-GP, LLC



Principal Place of Business

C/O CALIFORNIA STATE TEACHERS 7667 FOLSOM BOULEVARD, MSO4 SACRAMENTO, CA 95826 Mailing Address

C/O CALIFORNIA STATE TEACHERS 7667 FOLSOM BOULEVARD, MSO4 SACRAMENTO, CA 95826 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E083 (10/03)

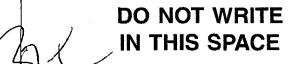
4. FEI Number 48-1295939 Applied For Not Applicable

5. Certificate of Status Desired

\$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



		<u> </u>	
	above named entity submits this statement for the purpose of charabligations of registered agent.	nging its registered affice or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNA	TURE	(NOTE: Registered Agent signature required when reinstating)	DATE
٤	Filing Fee is \$50.00 Due by May 1, 2004		0030671390 /0401057012 **50.00
9.	MANAGING MEMBERS/MANAGERS	I	

	TITLE* NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALIFORNIA STATE TEACHERS' RETIREMENT SYS 7667 FOLSOM BOULEVARD, MS04 SACRAMENTO, CA 95826
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	11. I hereby o	pertify that the information supplied with this filing does not qualify for the exe

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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND YPED OR PRIMED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/2/04

Daytime Phone #