
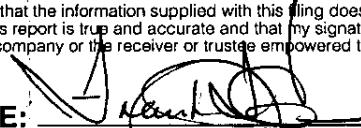


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 AUG 16 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000399 1. Entity Name CSL G.P. L.L.C.					
Principal Place of Business 5555 SAN FELIPE, STE 2200 HOUSTON, TX 77056			Mailing Address 5555 SAN FELIPE, STE 2200 HOUSTON, TX 77056		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0487416	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip		Country		Zip	
Country		Country		07212004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800040287108 08/18/04--01037--001 **191.25 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7/21/04</u>	
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: LAPCO, INC., 5555 SAN FELIPE, STE 2200 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER The Christopher LaPorte Family Interests 5555 San Felipe, Suite 2200 Houston, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: COON, C. REGAN IRA 5555 SAN FELIPE, SUITE 2200 HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Coon, C. Regan IRA 5555 San Felipe, Suite 2200 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: GRAY, DANNY 5555 SAN FELIPE, STE 2200 HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Gray, Danny 5555 San Felipe, Suite 2200 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: R. DWAYNE WHITEHEAD, IRA 5555 SAN FELIPE, SUITE 2200 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER W. David Holland Rollover IRA 5555 San Felipe, Suite 2200 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: FORD, STUART 5555 SAN FELIPE, SUITE 2200 HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Ford, Stuart 5555 San Felipe, Suite 2200 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: KLAUS, FRANK J IRA 5555 SAN FELIPE, SUITE 2200 HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE THE ATTACHED SHEET FOR ADDITIONAL CHANGES ****	
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: 				Frank J. Klaus - Member 7/21/04 435-4320	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

**Members of
CSL G.P. LLC**

Title **MEMBER** Add Change
Name Frank J. Klaus - IRA
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

Title **MEMBER** Add Change
Name Stephen J. LaPorte
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

Title **MEMBER** Add Change
Name Stephen J. LaPorte 1999 Irrevocable Trust
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

Title **MEMBER** Add Change
Name Joseph LaPorte
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

Title **MEMBER** Add Change
Name Joseph LaPorte 1999 Irrevocable Trust
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

Title **MEMBER** Add Change
Name Sam J. LaPorte 1999 Irrevocable Trust
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

Title **MEMBER** Add Change
Name Sam J. LaPorte
Street Address 5555 San Felipe, Suite 2200
City-St-Zip Houston, TX 77056

COASTAL SECURITIES

Via Federal Express

August 13, 2004

Ms. Diane Cushing
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314-6327

Re: Document M98000000399 FEI No.: 76-487416
Document B98000000262 Uniform Business Report FEI No: 76-4874140
Your Letters Nos.: 204A00048817 and 904A00048816

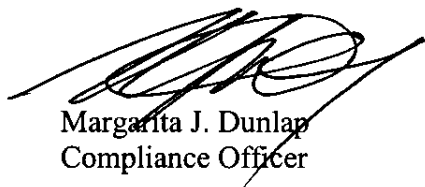
Dear Ms. Cushing:

I apologize in sending the incorrect check for these filings. I called your offices upon discovery of the error and spoke to one of your agents who advised me that the documentation would run its normal course and to await a response. Hence, your letters and the returned check were received.

Please find enclosed the executed 2004 Uniform Business Reports Document no. B98000000262 for Coastal Securities of Texas, L.P and M98000000399 for CSL G.P. LLC. We have included our check no. 62382 in the amount of **\$191.25** for UBR filing fees (**\$141.25 UBR fee and \$50.00 for the annual fee for the LLC**).

Again, please accept my apologies for this error and trust that our filings will be accepted. Should you have any questions or need additional information, you can contact me at 713/435-4453. Thank you for your assistance.

Sincerely,



Margarita J. Dunlap
Compliance Officer

Encls: