


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 03, 2004 8:00 A.M
Secretary of State

DOCUMENT # A01407 1. Entity Name C.S.L. & G. DEVELOPMENT, LTD.					
Principal Place of Business 3591 FOWLER STREET (P. O. BOX 6966) FT. MYERS, FL 33911			Mailing Address 3591 FOWLER STREET (P. O. BOX 6966) FT. MYERS, FL 33911		
2. Principal Place of Business 8359 BEACON BLVE		3. Mailing Address P.O. BOX 6966			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 59-1323296	
Zip 33907		Country LEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIN, THOMAS R. 3591 FOWLER FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD City FORT MYERS FL Zip Code 33907			
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 <u><i>Thomas R. Cronin</i></u> 3/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. \$1,674,200.00		10. Amount of Capital Contributions in FLORIDA to date.			
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	8359 BEACON BLVD	
NAME	CRONIN, T.R.		CITY-ST-ZIP	FORT MYERS, FL 33907	
STREET ADDRESS	3591 FOWLER STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas R. Cronin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS R. CRONIN

2/27/04

Date

239-936-8888

Daytime Phone #