

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



03232006 Chg-LP CR2E003 (11/05)

DOCUMENT # A01407			
1. Entity Name C.S.L. & G. DEVELOPMENT, LTD.			
Principal Place of Business 8359 BEACON BLVD FT. MYERS, FL 33911		Mailing Address P.O. BOX 6966 FT. MYERS, FL 33911	
2. Principal Place of Business		3. Mailing Address 8359 BEACON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #201	
City & State		City & State FT MYERS, FL	
Zip	Country	Zip	Country
33907	LEE		

4. FEI Number 59-1323296	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRONIN, THOMAS R. 8359 BEACON BLVD FT. MYERS, FL 33907		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
NAME	CRONIN, T.R.	CITY-ST-ZIP	
STREET ADDRESS	8359 BEACON BLVD		
CITY-ST-ZIP	FT. MYERS, FL 33907		
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CITY-ST-ZIP			

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05/22/06--01045--022 **508.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, GEN PTRN 4/25/06 239-995-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE