


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #A01407		
1. Entity Name C.S.L. & G. DEVELOPMENT, LTD.		

Principal Place of Business 8359 BEACON BLVD FT. MYERS, FL 33911	Mailing Address 8359 BEACON BLVD, #201 FT MYERS, FL 33907
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 6966
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT MYER, FL	City & State FT MYER, FL
Zip 33911	Country



03292007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent CRONIN, THOMAS R. 8359 BEACON BLVD FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2787 N. TAMiami Trl City N. FT MYERS FL Zip Code 33903	
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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, 2007, 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.		2787 N. TAMiami Trl
STREET ADDRESS	8359 BEACON BLVD	CITY-ST-ZIP	N. FT MYERS, FL 33903
CITY-ST-ZIP	FT. MYERS, FL 33907		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			700102730617
STREET ADDRESS			05/17/07--01039--025 **S08.75
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 Cronin 3/29/07 239-936-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE