

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT #A01407**

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



Principal Place of Business  
8359 BEACON BLVD  
FT. MYERS, FL 33911

Mailing Address  
PO BOX 6966  
FT MYERS, FL 33911

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-1323296

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRONIN, THOMAS R.  
2787 N TAMIAMI TRL  
N FT MYERS, FL 33903

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CRONIN, T.R.  
2787 N TAMIAMI TRL  
N FT MYERS, FL 33903

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U00000952992  
06/11/08-80004-002 508.75

**DO NOT WRITE  
IN THIS SPACE**

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 Sr*  
**THOMAS R. CRONIN SR**

Date

4/28/08 239-936-8888

Daytime Phone #

STAPLE CHECK HERE