2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED 08:00 A of State

| Due By May 1, 2008 | | | Feb 21, 2008 08: | |
|---|---|---|---|---|
| DOCUMENT # A0500002024 1. Entity Name CSA RRH, LTD. | | | Secretary of S | |
| Principal Place of Bus 516 LAKEVIEW RD. UNIT 8 CLEARWATER, FL 33 | 516 LAKEVIEW RI Unit 8 | | | 14 |
| DO I | NOT WRITE IN THIS | SPACE | | CR2E003 (12/06) Applied For Not Applied be |
| | ame and Address of Current Registered Agent | | | XX \$8.75 Additional Fee Required |
| FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 | | | DO NOT WE | |
| 8. The above named of the obligations of ro | entity submits this statement for the purpose of changi egistored agent. | ng its registered office or registered | agent, or both, in the State of Florid | · |
| Signature, | typed or printed name of registered agent and title if applicable. | | 02/28/09-8 | 9 9944 -002 508.7 5 |
| | FILE NOW!!! FEE IS \$500. After May 1, 2008, Fee will be | | , | |
| NO | A GENERAL PARTNER THAT IS A BUSINES ITE: General Partners MAY NOT be changed | S ENTITY MUST BE REGISTE on the form; an amendment r | RED AND ACTIVE WITH THIS nust be filed to change a gene | OFFICE. eral partner. |
| 12. DOGGMENT # LO5000 NAME CSA L STREET ADDRESS 516 LA | GENERAL PARTNER INFORMATION 0101169 | | | en de mais en de la come. La decimiente en descripto de la come. |
| DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP | TENTENT E SOLO | | | |

DOGUMENT # NAME STREET ADDRESS CITY -ST - ZIP DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

ga nga ga ga capina nao dia tao dia dalah di nambi

14. I hereby certify that the information supplied with this filting 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:

DOCUMENT #

CITY-ST-70P

DOCUMENT # NAME STREET ADDRESS

CHY-SI-ZIP

NAME STREET ADDRESS

STAPLE

Kevin T Flynn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PASSAFICE-President of 2/15/08 Date

727-448-1182

7

Daytime Phone #