


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000001324 <b>1. Entity Name</b> CONTROL SPECIALIST INTERNATIONAL LLC	
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<b>Principal Place of Business</b> 864 POINTSETTIA STREET CASSELBERRY, FL 32707	<b>Mailing Address</b> CONTROL SPECIALIST INC, LLC PO BOX 182033 CASSELBERRY, FL 32718-2033
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01222004 No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 59-3629173	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CROWDER, DAVID 820 LAKE KATHRYN CR. CASSELBERRY, FL 32070
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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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM ELLY, RICHARD J 864 POINTSETTIA STREET CASSELBERRY, FL 32707
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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01/29/04-80074-017 55.00

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**11.** 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Richard J. Elly* **1-22-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Days/mo Phone #