


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000001995 1. Entity Name CSI HOSPITALITY, L.L.C.	
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Principal Place of Business 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467	Mailing Address 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



01082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0991387	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BEACHLER, MARK A 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467

**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. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEACHLER, MARK A 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEACHLER, G.J. 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARNBAUCH, W.J. 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARNBAUCH, MAX W 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/04-80046-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Max W. Farnbauch MAX W. Farnbauch 1-304 561-968-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #