


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001995</b>	
<b>1. Entity Name</b> CSI HOSPITALITY, L.L.C.	

<b>Principal Place of Business</b> 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467	<b>Mailing Address</b> 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
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01042005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0991387	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BEACHLER, MARK A 7859 LAKE WORTH ROAD LAKE WORTH, FL 33467
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005

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

<b>DO NOT WRITE IN THIS SPACE</b>
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L000000174115  
01/07/05-80045-015 50.00

**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:** *[Signature]* **V.P. MAX W. FARNBAUCH** 1-4-05 561-988-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #