2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUMENT # L0000010638 1. Entity Name C.T.S.L., L.L.C.			Secretary of State
Principal Place of Business Mailing Address 2997 OLDE TOWNE AVENUE PO BOX 6243 DESTIN, FL 32550 DESTIN, FL 32550			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		CE	01112005 No Chg-LLC
DUGAS, LYNN K 2097 OLDE TOWNE AVENUE DESTIN, FL 32550			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, 2005			
NAME STREET ADDRESS F CITY-ST-ZIP E TITLE T NAME E STREET ADDRESS F	MANAGING MEMBERS/MANAGERS MGRM DUGAS, LYNN K PO BOX 6243 DESTIN, FL 32550 MGRM DUGAS, STEPHEN H PO BOX 6243 DESTIN, FL 32550	-	U00000184578 01/20/05-80035-020 50.00
NAME STREET ADDRESS CITY-SI-ZIP TISLE NAME STRLET ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			