

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90044 007 ****50.00

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01102006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000010638 1. Entity Name C.T.S.L., L.L.C.					
Principal Place of Business 2097 OLDE TOWNE AVENUE DESTIN, FL 32550			Mailing Address PO BOX 6243 DESTIN, FL 32550		
2. Principal Place of Business 124 Musset Bayou Rd Suite, Apt. #, etc. Suite A		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3692215 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State Santa Rosa Bch, FL		City & State			
Zip 32459		Country USA			
6. Name and Address of Current Registered Agent DUGAS, LYNN K 2097 OLDE TOWNE AVENUE DESTIN, FL 32550		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGAS, LYNN K PO BOX 6243 DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGAS, STEPHEN H PO BOX 6243 DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 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:				Date: 4.12.06 Daytime Phone #: 850-278-6999	