


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90181 003 ****50.00

DOCUMENT # L00000010638	
1. Entity Name C.T.S.L., L.L.C.	

Principal Place of Business 124 MUSSET BAYOU RD STE A SANTA ROSA BEACH, FL 32459	Mailing Address PO BOX 6243 DESTIN, FL 32550
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60035498



2. Principal Place of Business - No P.O. Box # 820 North County Hwy 393 Suite, Apt. #, etc. Suite A City & State Santa Rosa Beach, FL Zip 32459 Country	3. Mailing Address 820 North County Hwy 393 Suite, Apt. #, etc. Suite A City & State Santa Rosa Beach, FL Zip 32459 Country USA
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03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3692215	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 DUGAS, LYNN K 2097 OLDE TOWNE AVENUE DESTIN, FL 32550	7. Name and Address of New Registered Agent Name Dugas, Lynn K. Street Address (P.O. Box Number is Not Acceptable) 668 Woodland Bayou Drive City Santa Rosa Beach FL Zip Code 32459
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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 <i>Stephen H. Dugas</i>	DATE <i>Mar 27, 2007</i>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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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	MGRM Dugas, Lynn K 668 Woodland Bayou Drive Santa Rosa Beach, FL 32459 <input checked="" 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	MGRM Dugas, Stephen H 668 Woodland Bayou Drive Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: <i>Stephen H. Dugas</i>	DATE: <i>Mar 27, 2007</i> DAYTIME PHONE: <i>850-278-6999</i>