

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90303 019 \*\*\*\*50.00

**DOCUMENT # L01000006791**

1. Entity Name

CSS INVESTMENTS, LLC



Principal Place of Business

~~908 S. DELANEY AVE.~~  
~~ORLANDO FL 32806~~

Mailing Address

~~908 S. DELANEY AVE.~~  
~~ORLANDO FL 32806~~

2. Principal Place of Business

3333 S Orange Ave

3. Mailing Address

P O Box 568821

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3727951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, DARYL M  
~~908 S. DELANEY AVE.~~  
~~ORLANDO FL 32806~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
3333 S Orange Ave, Suite 200

City  
Orlando

FL

Zip Code  
32806-8500

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS CARTER, DARYL M  
CITY - ST - ZIP ~~908 S. DELANEY AVE.~~  
~~ORLANDO FL 32806~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3333 S Orange Ave, Suite 200  
CITY - ST - ZIP Orlando FL 32806-8500

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 15 04

Date

407/422-3144

Daytime Phone #

Daryl M Carter