

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

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

Zip
32806-8500

Country
US

Zip
32856-8821

Country
US

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--

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

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

3333 S Orange Ave, Suite 200
Orlando FL 32806-8500

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Daryl M Carter

Mar 15 04

407/422-3144

Date

Daytime Phone #