

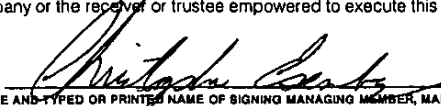


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90029 003 \*\*\*\*50.00

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>DOCUMENT # L01000007036</b><br>1. Entity Name<br>C.S.E. PROPERTIES, L.L.C.   |  |   |   |                                  |   |
| Principal Place of Business<br>P.O. BOX 1341<br>NAPLES, FL 34106  |  |   | Mailing Address<br>P.O. BOX 1341<br>NAPLES, FL 34106          |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |                                 |   |
| City & State  |  | City & State                                  |   | 4. FEI Number<br>01-0633774   |   |
| Zip   |  | Country                                       |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                          |   |
| 6. Name and Address of Current Registered Agent<br><br>PAMELA STEWART, P.A.<br>5051 CASTELLO DRIVE, SUITE 200<br>NAPLES, FL 34110   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |   | <b>Make check payable to:<br/>Florida Department of State</b> |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>                                  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ESENBERG, CHRISTOPHER S<br>27271 BELLE RIO DRIVE<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Eisenberg, Christopher S.<br>388 Pindo Palm Dr.<br>Naples, FL 34104 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |   |   |
| <b>SIGNATURE:</b>    |  |   |   | Date: 4-12-05      Daytime Phone #: 239-777-2619  |   |