

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000009358

1. Entity Name  
CSP REALTY, LLC



Principal Place of Business  
1366 HALF MOON TRAIL  
JACKSONVILLE, FL 32223-1709

Mailing Address  
1366 HALF MOON TRAIL  
JACKSONVILLE, FL 32223-1709



06272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-3724495

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARK, CHRISTOPHER S  
1366 HALF MOON TRAIL  
JACKSONVILLE, FL 32223-1709

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PARK, CHRISTOPHER S  
1366 HALF MOON TRAIL  
JACKSONVILLE, FL 322231709

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000372808  
07/14/05-80008-005 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Christopher S. Park*

7-11-05

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

Date

Daytime Phone #