

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


APPROVED
AND
FILED

05 JUN 23 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06072005 Chg-LLC CR2E083 (10/03)

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|---|--|---|---|--|--|
| DOCUMENT # L01000015050 | | | |  | |
| 1. Entity Name C&S PROPERTIES ORLANDO, LLC | | | | | |
| Principal Place of Business 6363 COLONIAL DRIVE ORLANDO, FL 32807 | | | Mailing Address 5715 DARROW ROAD HUDSON, OH 44236 | | |
| 2. Principal Place of Business | | 3. Mailing Address 6363 Colonial Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Orlando, Florida | | 4. FEI Number 34-1967944 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 32807 | | Country | | | |
| 6. Name and Address of Current Registered Agent BMD FLORIDA SERVICE, LLC 76 SOUTH LAURA STREET STE 1700 JACKSONVILLE, FL 32202 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLARKE, TODD 4086 FAR-O-WAY LANE RICHFIELD, OH 44286 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5715 Darrow Road Hudson, Ohio 44236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SERPENTINI, ROBERT M 1989 FOUR SEASONS DRIVE AKRON, OH 44333 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300056611673 06/28/05--01037--017 **200.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLARKE, ERIC A 4065 FAR-O-WAY LANE RICHFIELD, OH 44286 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5715 Darrow Road Hudson, Ohio 44236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LUSTIK, GREG 3331 DEER CREEK TRAIL RICHFIELD, OH 44286 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5715 Darrow Road Hudson, Ohio 44236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, MARC 6303 MACLAURIN DRIVE TAMPA, FL 33647 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input 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 |
| 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: <u>Marc Davis, U.R.</u> | | | Date: <u>6-10-2005</u> (407) 382-6565 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # | | |