

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2003 8:00 am
Secretary of State

07-01-2003 90001 003 ****50.00

DOCUMENT # LO1000016511

1. Entity Name

CSD VENTURE , L.L.C.



DO NOT WRITE IN THIS SPACE

10109319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4299 S. W. 20th Avenue Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State	
Zip 34474	Country Marion	Zip	Country

4. FEI Number 59-3745614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Steven P. Schaap	
Street Address (P.O. Box Number is Not Acceptable) 4299 S. W. 20th Avenue	
City Ocala	FL Zip Code 34474

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 *Steven P. Schaap*
Signature, typed or printed name of registered agent and title if applicable

June 29, 2003
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steven P. Schaap 4299 S. W. 20th Avenue Ocala, Florida 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Steven P. Schaap* **Steven P. Schaap**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/29/03
Date

Daytime Phone #

CR2E083B (12/02)