

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001989

1. Entity Name
CSD PROPERTIES, LLC



Principal Place of Business
**902 CLINT MOORE RD., STE. 110
BOCA RATON, FL 33483**

Mailing Address
**902 CLINT MOORE RD., STE. 110
BOCA RATON, FL 33483**



01052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0646974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., STE. 4100
FORT LAUDERDALE, FL 33309**

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEWHURST, STEVEN M 902 CLINT MOORE RD., STE. 110 BOCA RATON, FL 33483
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEWHURST, CRAIG 2535 UNIVERSITY BLVD., WEST JACKSONVILLE, FL 32217
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/09/04-80040-020 50.00

**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: _____

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

1/31/04 (904) 739-1500
Date Daytime Phone #