


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000001989</b> 1. Entity Name <b>CSD PROPERTIES, LLC</b>	
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Principal Place of Business <b>902 CLINT MOORE RD., STE. 110 BOCA RATON, FL 33483</b>	Mailing Address <b>902 CLINT MOORE RD., STE. 110 BOCA RATON, FL 33483</b>
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01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0646974</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**


**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DEWHURST, STEVEN M 902 CLINT MOORE RD., STE. 110 BOCA RATON, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DEWHURST, CRAIG 2535 UNIVERSITY BLVD., WEST JACKSONVILLE, FL 32217</b>
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04/21/06-80010-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:**  **4/5/06 904-735-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #