
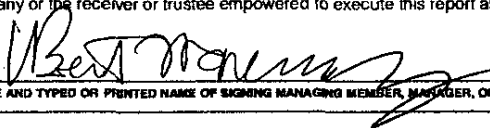


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90015 030 ****50.00

DOCUMENT # L02000004160					
1. Entity Name CSV REALTY INVESTMENTS, LLC					
Principal Place of Business 3696 N. FEDERAL HWY SUITE 203 FORT LAUDERDALE, FL 33308			Mailing Address 3696 N. FEDERAL HWY SUITE 203 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0399815	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIOTRKOWSKI, JOEL S ESQUIRE 317-71ST STREET MIAMI BEACH, FL 33141			Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFKY, BRENT W 8462 VIA D'ORO BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
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: 		1/13/04 954-567-5161			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			