2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000007275

1. Entity Name
CSA CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
5970 EMERALD HARBOR DRIVE	5970 EMERALD HARBOR DRIVE
LONGBOAT KEY, FL 34228	LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

01102004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
75-3041602	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AITKEN, ANDREW
5970 EMERALD HARBOR DRIVE
LONGBOAT KEY, FL 34228

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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 _____   Feb. 2, 2004
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	MGR
NAME	AITKEN, ANDREW
STREET ADDRESS	5970 EMERALD HARBOR AR
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

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: _____   Feb 2 2004   941-383-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #