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Apr 14, 2003 8:00 am
Secretary of State
02-24-2003 90049 007 ****50.00

2/24

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026718

1. Entity Name
C. S. P. INVESTMENTS, L.L.C.

55025274

Principal Place of Business
7315 IVANHOE DR
PORT RICHEY FL 34668

Mailing Address
7315 IVANHOE DR
PORT RICHEY FL 34668

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 7315 Ivanhoe Dr
Suite, Apt. #, etc.
City & State: Port Richey FL
Zip: 34668 Country: America

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State: Port Richey FL
Zip: 34668 Country: America

4. FEI Number: 43-1984000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KEITH, W.C.
1517 COMMERCIAL PARK DR
LAKELAND FL 33801

7. Name and Address of New Registered Agent
Name: Chris Polsano
Street Address (P.O. Box Number is Not Acceptable): 7315 Ivanhoe Dr
City: P. R. FL Zip Code: 34668

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] 3-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Chris Polsano 7315 Ivanhoe Dr Port Richey FL 34668 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] SIGNATURE REQUIRED 3-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #