


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 006 ****50.00

DOCUMENT # L02000034716	
1. Entity Name CLSA PROPERTIES, LLC	

Principal Place of Business 3798 NE 12TH AVENUE OAKLAND PARK, FL 33334	Mailing Address PO BOX 934063 MARGATE, FL 33093
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. Box 23942	Suite, Apt. #, etc. P.O. Box 23942
City & State Oakland Park, FL	City & State Oakland Park, FL
Zip 33307	Zip 33307
Country Browder	Country Browder

20018195



02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0144025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
FINLEY-ORTIZ, SHIRLEY 1313 NW 58 AVE MARGATE, FL 33063	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTIZ, CARLOS L 1313 NW 58TH AVE. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 23942 Oakland Park, FL 33307 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLEY-ORTIZ, SHIRLEY 1313 NW 58TH AVE. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 23942 Oakland Park, FL 33307 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Shirley Finley-Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #