


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Aug 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000000205</b> 1. Entity Name CS GROUP, LLC	
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Principal Place of Business 1202 PARRILLA DE AVILA TAMPA, FL 33613	Mailing Address 1202 PARRILLA DE AVILA TAMPA, FL 33613
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08042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1908909	Applied For 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  TSOKOS, CHRIS P 1202 PARRILLA DE AVILA TAMPA, FL 33613	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSOKOS, CHRIS P 1202 PARRILLA DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, STEVEN 5907 W. LINEBAUGH AVE. TAMPA, FL 33624
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08/08/06-80005-011 50.00

**DO NOT WRITE  
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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 608, Florida Statutes.

SIGNATURE: Chris P. Tsokos MGR 8-4-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #