


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000000205</b> 1. Entity Name <b>CS GROUP, LLC</b>	
--	---

Principal Place of Business <b>1202 PARRILLA DE AVILA TAMPA, FL 33613</b>	Mailing Address <b>1202 PARRILLA DE AVILA TAMPA, FL 33613</b>
--	--

DO NOT WRITE IN THIS SPACE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
08 APR 28 AM 9:31



04132008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-1908909</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

TSOKOS, CHRIS P  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**      **400126887724**  
**After May 1, 2008 Fee will be \$538.75**      04/29/08--01035--019 \*\*911.25

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

DO NOT WRITE  
IN THIS SPACE

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      R/A      4-14-08      (813) 961-1992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #