

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053849

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: DFI/CSH, NO. 1, LLC

**Current Principal Place of Business:**

1704 WEST GRACE STREET  
TAMPA, FL 336075415

**New Principal Place of Business:**

**Current Mailing Address:**

1704 WEST GRACE STREET  
TAMPA, FL 336075415

**New Mailing Address:**

FEI Number: 05-0598124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOBBS, ROBERT S ESQ.  
3719 SWANN AVENUE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DIAZ, DELVIS H  
Address: 1704 WEST GRACE STREET  
City-St-Zip: TAMPA, FL 336075415

Title: MGRM ( ) Delete  
Name: ISABEL, SCOTT  
Address: 1704 WEST GRACE STREET  
City-St-Zip: TAMPA, FL 336075415

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DELVIS H. DIAZ

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date