

# 2006-LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 024 \*\*\*\*50.00

**DOCUMENT # L04000028618**

1. Entity Name  
CTS HOLDING, LLC



Principal Place of Business  
300 INTERNATIONAL PARKWAY, SUITE 130  
HEATHROW, FL 32746

Mailing Address  
300 INTERNATIONAL PARKWAY, SUITE 130  
HEATHROW, FL 32746

20010177



2. Principal Place of Business  
300 International Pkwy

3. Mailing Address  
300 International Pkwy

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.  
Suite 300

01072006 Chg-LLC CR2E083 (11/05)

City & State  
Heathrow, FL

City & State  
Heathrow, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
32746

Country  
USA

Zip  
32746

Country  
USA

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SELBY, C. THOMAS  
300 INTERNATIONAL PARKWAY, SUITE 130  
HEATHROW, FL 32746

Name  
Selby, C Thomas

Street Address (P.O. Box Number is Not Acceptable)  
300 International Pkwy STE. 300

City  
Heathrow

FL

Zip Code  
32746

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 C. Thomas Selby DATE 2-20-06

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SELBY, C. THOMAS  
300 INTERNATIONAL PARKWAY, SUITE 130  
HEATHROW, FL 32746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Selby, C Thomas  
300 International Pkwy Ste. 300  
Heathrow, FL 32746

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: C. Thomas Selby DATE 2-20-06 DAYTIME PHONE # 417-333-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE