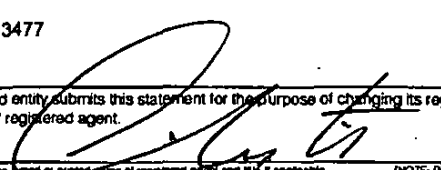
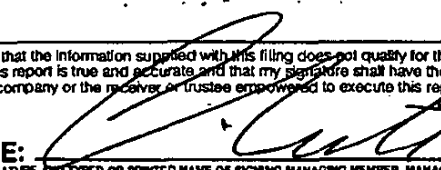


FILED
Mar 03, 2005 8:00 am
Secretary of State

01-28-2005 90072 023 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000035785			
1. Entity Name CSW, LLC.			
Principal Place of Business 725 N. A1A E-102 JUPITER, FL 33477 US		Mailing Address 725 N. A1A E-102 JUPITER, FL 33477 US	
2. Principal Place of Business 725 N. A1A Suite, Apt. #, etc. Suite C-110 City & State JUPITER, FL Zip 33477		3. Mailing Address 725 N. A1A Suite, Apt. #, etc. Suite C-110 City & State JUPITER, FL Zip 33477	
Country USA		Country USA	
4. FEI Number 20-1115181		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITE, CHARLES R. L. 725 N. A1A SUITE E-102 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name CHARLES R. L. WHITE Street Address (P.O. Box Number is Not Acceptable) 725 N. A1A Suite SUITE C-110 City JUPITER FL Zip Code 33477	
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 1/26/05 (NOTE: Registered Agent signature required when reinstating)			
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	MGRM WHITE, CHARLES R. L. 10822 SE ARIELLE TERRACE TEQUESTA, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITE, SUSAN H 10822 SE ARIELLE TERRACE TEQUESTA, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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:  DATE 1/26/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			