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Mar 03, 2005 8:00 am
Secretary of State

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

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035785

1. Entity Name
CSW, LLC.

30000805

Principal Place of Business	Mailing Address
725 N. A1A E-102 JUPITER, FL 33477 US	725 N. A1A E-102 JUPITER, FL 33477 US

2. Principal Place of Business	3. Mailing Address
725 N. A1A	725 N. A1A
Suite, Apt. #, etc.: Suite C-110	Suite, Apt. #, etc.: Suite C-110
City & State: JUPITER, FL	City & State: JUPITER, FL
Zip: 33477 Country: USA	Zip: 33477 Country: USA

01132005 Chg-LLC • CR2E083 (10/03)

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	7. Name and Address of New Registered Agent
WHITE, CHARLES R. L. 725 N. A1A SUITE E-102 JUPITER, FL 33477	Name: CHARLES R.L. WHITE Street Address (P.O. Box Number is Not Acceptable): 725 N. A1A 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 ____ 1/26/05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHITE, CHARLES R. L.		NAME		
STREET ADDRESS	10822 SE ARIELLE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHITE, SUSAN H		NAME		
STREET ADDRESS	10822 SE ARIELLE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ____ 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #