

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044746

FILED
Apr 28, 2005
Secretary of State

Entity Name: CSM PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

207 VOLLMER AVE
OLDSMAR, FL 34677

New Principal Place of Business:

518 OLD OAK CIRCLE
PALM HARBOR, FL 34683

Current Mailing Address:

207 VOLLMER AVE
OLDSMAR, FL 34677

New Mailing Address:

518 OLD OAK CIRCLE
PALM HARBOR, FL 34683

FEI Number: 35-2236373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 336372087 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: MORTENSEN, CHARLES JR
Address: 207 VOLLMER AVE
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: SWICK, CARLTON R
Address: 207 VOLLMER AVE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORTENSEN, CHARLES JR
Address: 518 OLD OAK CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM (X) Change () Addition
Name: SWICK, CARLTON R
Address: 518 OLD OAK CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

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: CHARLES MORTENSEN JR

MGRM

04/28/2005

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