

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044746

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CSM PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

518 OLD OAK CIRCLE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

518 OLD OAK CIRCLE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**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/MANAGERS:**

**Title:** MGRM  
**Name:** MORTENSEN, CHARLES E JR  
**Address:** 518 OLD OAK CIRCLE  
**City-St-Zip:** PALM HARBOR, FL 34683

**Title:** MGRM  
**Name:** SWICK, CARLTON R  
**Address:** 18 PLYMOUTH DRIVE  
**City-St-Zip:** EAST WINDSOR, NJ 08520

I hereby 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 E. MORTENSEN JR.

MGRM

04/28/2010

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