


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 010 ***138.75

DOCUMENT # L04000050130			
1. Entity Name CSL PROPERTIES, LLC			
Principal Place of Business 1800 WINSTON AVE NAVARRE FL 32566 US		Mailing Address 1800 WINSTON AVE NAVARRE FL 32566 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LYNCHARD LAW FIRM, P.A. 7552 NAVARRE PKWY STE 9 NAVARRE FL 32566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1901 ANDORRA ST.</i> City <i>NAVARRE</i> FL Zip Code <i>32566</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
ADDRESS CHANGE ABOVE - ONLY		FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINTON, CYNTHIA S 1800 WINSTON AVENUE NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E083 (10/07)

4. FEI Number **68-0588528** Applied For Not Applicable

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cynthia S. Linton* 02/18/08 850.939.2018 HM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #