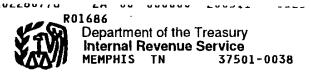
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State 04-04-2005 90430 041 ****55.00

| 1. Entity Nam CSI, LLC | ************************************** | | | | 04-04-200 | 3 90430 041 | *****55.00 | |
|--|---|--|----------------------------------|---|---|--|--|---------------------------------|
| Principal Place of Business 9949 PUOPOLO LANE BONITA SPRINGS, FL 34135 | | Mailing Address P. O. BOX 188 BONITA SPRINGS, FL 34133 | | 30004263 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01252005 | Chg-LLC | CR2E083 (10 | ' 03) |
| City & State | | City & State | | 4. FEI Number | 30778 | | Applied For Not Applicable | |
| Zrp | Country | Zip | Coun | try | | Status Desired | \$5.00 Fee Re | Additional |
| | 6. Name and Address of Curren | t Registered Agent | | Name | 7. Namo and | Address of New R | egistered Agent | |
| SIMS, STEVEN R 19949 PUOPOLO LANE BONITA SPRINGS, FL 34135 | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | FRINGS, FE SATSS | | | City | | | 5 1 7io | Code |
| B. The above | named entity submits this statement (| or the purpose of changing its | registere | | ered agent, or both | , in the State of Flo | F L. | |
| the obligation signature. | ions of registered agent. | | | | | | | |
| Fi D | Species med a presidence of repeated specific liling Fee is \$50.00 ue by May 1, 2005 | The second second second | | Appent algorithme require | | | ocheck päyabis Department of | |
| 9 , TITLE | MANAGING MEMB | | 10. | 1121 | | ADDITIONS/ | | |
| MAME STREET ADDRESS CITY-S1-21P | SIMS, STEVEN R P. O. BOX 188 BONITA SPRINGS, FL 34133 | | NAM! STRE | | | | □ Cha | nge 🔲 Addilion |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUDDAL, CHRISTINE K 435 OAK AVE. NAPLES, FL 34108 | □ Delete | | • | | | ☐ Cha | nge 🗖 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ~- ~- | □ Delete | | I | | | ☐ Cha | nge 🔲 Addillon |
| TITLE NAME | · | ☐ Celeta | TITLE | • | | | ☐ Cha | nge Addition |
| STREET ACCRESS CITY-ST-ZIP | | | • | ET ADDRESS -ST-ZIP | | | | |
| ITTLE NAME STREET ADDRESS | | ☐ Delds | | I | | | Cha | ngs 🔲 Addition |
| TITLE | | Delete | ПП | | | | Cha | inge Addition |
| NAME STREET ADORESS CITY-ST-ZIP | | | | ET ADORESS -S1-ZIP | | : | | • |
| 11. I hereby indicated limited lia | certify that the information supplied wid on this report is frue and accurate an ability company or the acceiver or trust | ith this filling does not qualify fo d that my signature shall have se empowered to execute this | the exe the same report as | mption stated in S e legal effect as if a required by Cha | section 119.07(3)(i) made under oath; pter 608, Florida S | , Florida Statutes. I Ihat I am a manag iatutes. | further certify that ing member or ma | the information nager of the |
| SIGNAT | TURE: Stum | L Sun | | Alchedoren brezen | UM A TIVE | 3/24/05 | 239-5 | 72-2339 |



SBV

Date of this notice: MAR. 28, 2005

Number of this notice: 277

Taxpayer Identification Number: 20-2280778

TTA ALIMENI Form:

Tax Period:

ATTACHMEN

30004263

For assistance you may call us at:

1-800-829-0115

CSI LLC SIMS STEVEN R MBR PO BOX 188 BONITA SPGS FL

34133-0188883

WE HAVE APPROVED YOUR FORM 8832, ENTITY CLASSIFICATION ELECTION

WE HAVE APPROVED YOUR ELECTION AS A DOMESTIC ELIGIBLE ENTITY TO BE CLASSIFIED AS AN ASSOCIATION TAXABLE AS A CORPORATION. THE EFFECTIVE DATE OF THIS ELECTION IS DEC. 10, 2004.

If you have any questions about this notice, please call us at the number shown above. If you prefer you can write us. If you write, please include the bottom part of this notice. Please provide your telephone number and the best time for us to call if we need to reach you.

Helpful Hint: For faster service, try calling us any day except Monday when our call volumes are highest.

Thank you for your cooperation.

Keep this part for your records

| | turn this | part lo | us | with | ing | uiry |
|--|-----------|---------|----|------|-----|------|
|--|-----------|---------|----|------|-----|------|

Your telephone number

Best time to call

SB

CP-277

Taxpayer Identification Number: 20-2280778

Internal Revenue Service
MEMPHIS TN 37501-0038

CSI LLC SIMS STEVEN R MBR PO BOX 188 BONITA SPGS FL

34133-0188883