2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000076150

1. Entity Name
CSI, LLC

Principal Place of Business	Mailing Address
9949 PUOPOLO LANE BONITA SPRINGS, FL 34135	P. O. BOX 188 BONITA SPRINGS, FL 34133

DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC | CR2E083 (11/05)

4. FEI Number
20-2280778
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, STEVEN R
9949 PUOPOLO LANE
BONITA SPRINGS, FL 34135

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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: Steven R Sims — Steven R Sims — 1/16/06
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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	SIMS, STEVEN R
STREET ADDRESS	P. O. BOX 188
CITY-ST-ZIP	BONITA SPRINGS, FL 34133
TITLE	MGRM
NAME	GUDDAL, CHRISTINE K
STREET ADDRESS	435 OAK AVE.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

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SIGNATURE: Steven R Sims — 1/16/06 — 592-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #