



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90289 028 ****50.00

DOCUMENT # L04000077681 1. Entity Name C S I INVESTMENTS, LLC					
Principal Place of Business 3003 LIMBO LANE, #205 KISSIMMEE, FL 34746 FL			Mailing Address 3003 LIMBO LANE, #205 KISSIMMEE, FL 34746 FL		
2. Principal Place of Business 2454 Lake debra Dr Suite, Apt. #, etc. 302 City & State Orlando FL Zip 32835		3. Mailing Address 2454 Lake debr Suite, Apt. #, etc. City & State Zip Country USA			
4. FEI Number 201809690		03112005 Chg-LLC CR2E083 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHOSHAN, OREN 3003 LIMBO LANE, #205 KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name Shoshan oren Street Address (P.O. Box Number is Not Acceptable) 2454, Lake debra Dr, 1302 City Orlando FL Zip Code 32835		
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 X OREN shoshan X 3/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOSHAN, OREN 3003 LIMBO LANE, #205 KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OREN Shoshan 2454, Lake debra Dr, 1302 Orlando FL, 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, YOSEF 3003 LIMBO LANE, #205 KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN YOSEF 2454, Lake debra Dr, 1302 Orlando FL, 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: X OREN shoshan X				3/11/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	