
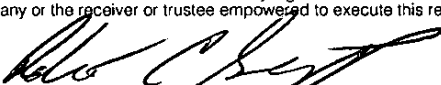


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90048 026 ****50.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # L04000088887 1. Entity Name C'S LAND DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business 201 EAST MAIN STREET POMONA PARK, FL 32181 | | | Mailing Address P.O. BOX 1465 SAN MATEO, FL 32187 | | |
| 2. Principal Place of Business 820 Alexander St Suite, Apt. #, etc. | | | 3. Mailing Address 820 Alexander St Suite, Apt. #, etc. | | |
| City & State St Augustine, FL Zip 32084 | | | City & State St Augustine, FL Zip 32084 | | |
| 4. FEI Number 34-2026959 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GRIGGS, ROBERT C 201 EAST MAIN STREET POMONA PARK, FL 32181 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 820 Alexander St City St Augustine, FL FL Zip Code 32084 | | |
| 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 _____ | | | | | |
| 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 | MGR GRIGGS, ROBERT C P.O. BOX 1465 SAN MATEO, FL 32187 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 820 Alexander St St Augustine, FL 32084 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| | | <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:  | | | 4/30/05 904-347-5110 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

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04252005 Chg-LLC CR2E083 (10/03)