

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90177 020 \*\*\*\*50.00

**20010431**



02082005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000092289</b> 1. Entity Name <b>CSM ENGINEERS, LLC</b>					
Principal Place of Business <b>117 MELTON AVNE</b> <b>SEBASTIAN, FL 32958</b>			Mailing Address <b>117 MELTON AVNE</b> <b>SEBASTIAN, FL 32958</b>		
2. Principal Place of Business <b>2608 SE Willoughby Blvd.</b>		3. Mailing Address <b>2608 SE Willoughby Blvd.</b>		4. FEI Number <b>202038713</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Stuart, FL</b>		City & State <b>Stuart, FL</b>			
Zip <b>34994</b>		Zip <b>34994</b>			
Country <b>USA</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>PLYE, MICHAEL A</b> <b>1655 N CLYDE MORRIS BOULEVARD, STE 1</b> <b>DAYTONA BEACH, FL 32117</b>	
7. Name and Address of New Registered Agent Name <b>Judy Perkins</b>		Street Address (P.O. Box Number is Not Acceptable) <b>2608 S.E. Willoughby Blvd.</b>			
City <b>Stuart</b>		State <b>FL</b>			
Zip Code <b>34994</b>					
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 <u>Judy Perkins, managing member</u> DATE <u>2/10/05</u> <small>Signature typed or printed (Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE <u>Managing Member</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Judy Perkins</u> STREET ADDRESS <u>2608 SE Willoughby Blvd.</u> CITY-ST-ZIP <u>Stuart, FL 34994</u>		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: <u>Judy Perkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/10/05</u> 7722204601 <small>Daytime Phone #</small>		