2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 015 ****50.00

DOCUMENT # L05000014475

1. Entity Name
CSM, LLC

Principal Place of Business	Mailing Address
23046 WORTH AVE. PORT CHARLOTTE, FL 33954	23046 WORTH AVE. PORT CHARLOTTE, FL 33954

02282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2326898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

APPLEGATE, SHARON K
352 TORRINGTON STREET
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: Schaecher, Linda S.
Street Address (P.O. Box Number is Not Acceptable): 23046 Worth Ave.
City: Port Charlotte FL Zip Code 33954

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: Linda S. Schaecher (signature) DATE: 4/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due By May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APPLEGATE, SHARON K 352 TORRINGTON STREET PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHAECHER, LINDA S 352 TORRINGTON STREET PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 23046 Worth Ave. Port Charlotte, FL 33954	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Linda S. Schaecher (signature) Linda S. Schaecher, Manager 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #