

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047751

FILED
Mar 04, 2010
Secretary of State

Entity Name: C & S RESORT PROPERTIES, LLC

Current Principal Place of Business:

38 WOODSHORE EAST
CLIFFWOOD BEACH, NJ 07735

New Principal Place of Business:

79 CARLISLE ROAD
TOMS RIVER, NJ 08757

Current Mailing Address:

38 WOODSHORE EAST
CLIFFWOOD BEACH, NJ 07735

New Mailing Address:

79 CARLISLE ROAD
TOMS RIVER, NJ 08757

FEI Number: 03-0563102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIARAVALLO, JOSEPH
4003 SAN SEBASTIAN DRIVE
52-105 VENETIAN BAY VILLAGES
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CHIARAVALLO, JOSEPH V
Address: 79 CARLISLE ROAD
City-St-Zip: TOMS RIVER, NJ 08757

Title: MGRM
Name: SPAGNUOLO, RALPH
Address: 926 SULTANA DRIVE
City-St-Zip: LITTLE RIVER, SC 29566

Title: MGRM
Name: SPAGNUOLO, STEVEN
Address: 65 KING STREET
City-St-Zip: FANWOOD, NJ 07203

Title: MGRM
Name: CHIARAVALLO, JOSEPH
Address: 4003 SAN SEBASTIAN DR. 52-105
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM
Name: CHIARAVALLO, TODD S
Address: 1506 BEACH BLVD.
City-St-Zip: FORKED RIVER, NJ 08731

Title: MGRM
Name: MERCHANT, SANDRA
Address: 30 WILLS COURT
City-St-Zip: TOMS RIVER, NJ 08753

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH V. CHIARAVALLO

MGRM

03/04/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date