

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90018 048 ****50.00

DOCUMENT # L05000067379

1. Entity Name
C.S.O. INVESTMENTS, LLC



Principal Place of Business
4101 PINE TREE DRIVE, #1703
MIAMI BEACH, FL 33140

Mailing Address
4101 PINE TREE DRIVE, #1703
MIAMI BEACH, FL 33140

60036003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3132904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERMAN, ADAM J
2800 PONCE DE LEON BLVD., SUITE 1125
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR Steven Gottlieb**
STREET ADDRESS **4101 Pine Tree Dr., #1703**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Ado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-06 305-710-6611

Date

Daytime Phone #

ATTACHMENT

60036003
#FLO5000067379

BREIER, SEIF, HERMAN & SILVERMAN, P.A.

A T T O R N E Y S A T L A W

ROBERT G. BREIER
EVAN D. SEIF
ALISON P. HERMAN
ADAM J. SILVERMAN
STEVEN J. SCHERMER
ERICA L. DUNMYER

2800 PONCE DE LEON BOULEVARD, SUITE 1125
CORAL GABLES, FLORIDA 33134
PHONE 305-445-0707 • FAX 305-445-2728

WESTON
2400 NORTH COMMERCE PARKWAY
SUITE 303
WESTON, FL 33326

AVENTURA
18851 N.E. 29 AVENUE
SUITE 405
AVENTURA, FL 33180

Of Counsel
DARYL B. CRAMER

April 28, 2006

Via Certified Mail
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: C.S.O Investments, LLC and TWPB Investments, LLC
2006 Limited Liability Company Annual Report

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Reports for C.S.O Investments, LLC and TWPB Investments, LLC, along with the filing fees for both companies.

Please call me if you have any questions.

Sincerely,


ERICA L. DUNMYER

ELD:al

Enclosure