

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90048 024 ***138.75

DOCUMENT # L05000073293 1. Entity Name CSV CONCEPTS III, LLC					
Principal Place of Business 11995 SOUTHERN BLVD BAYS #2&#3 ROYAL PALM BEACH, FL 33411			Mailing Address 8921 RAVEN ROCK COURT BOYNTON BEACH, FL 33424		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8988 STONE PIER DRIVE Suite, Apt. #, etc.			
City & State Zip Country		City & State BOYNTON BEACH, FL Zip Country 33472 USA		4. FEI Number 25-1921953	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL E. GHOUGASIAN, P.A. 2300 GLADES ROAD, SUITE 370-W BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINGIANO, CHRISTOPHER 11995 SOUTHERN BLVD., BAYS #2 & #3 ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINGIANO, CHRISTOPHER 8988 STONE PIER DRIVE BOYNTON BEACH, FL 33472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Chris V. Vingan</u> Chris Vingan 09/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					