

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104893

Entity Name: CSW & ASSOCIATES LLC

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

1431 SOUTH ATLANTIC AVENUE, #202
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

C/O G. JOSEPH VOTAVA, ESQ.
1100 CLINTON SQUARE
ROCHESTER, NY 14604

New Mailing Address:

FEI Number: 20-3686245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, GARY L
1431 SOUTH ATLANTIC AVENUE, #202
COCOA BEACH, FL 32931 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 () Delete
Name: WATSON, GARY L
Address: 1431 S ATLANTIC AVE 202
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: SHERLOCK, GARY F
Address: 2016 PAMETTE DR
City-St-Zip: MCCALL, ID 83638

Title: MGRM () Delete
Name: COLEMAN, MICHAEL S
Address: 2488 S ATLANTIC AVE 7
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: COLEMAN, MICHAEL J
Address: 2485 S ATLANTIC AVE 7
City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY L. WATSON

MGRM

03/30/2007

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