2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 8:00 am Secretary of State

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DOCUMENT # L05000108887 1. Entity Name CST, LLC						01-13-2006 90	-		
Principal Place of Business Mailing Address						COO	10140	11	
1197 S. ROGERS CIRCLE		1197 S. ROGERS CIRCLE			000	011			
BOCA RATON, FL 33487		BOCA RATON, FL 33487							
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2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006	Chg-LLC	CR2EC	83 (11/05)		
City & State		City & State		4. FEI Numbe		۶,		oplied For	
Zip- —	Country	Zip	Country		<u> 20-3</u>			\$5.00 Add	t Applicable
						of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent	No.		7. Name and	Address of New R	egistered /	Agent	
LUPO, JAC	CK P	Name							
1197 S RO	GERS CIRCLE	Street Address		P.O. Box Numbe	er is Not Acceptable))			
BOCA RAT	TON, FL 33487								
	·*.		Cit	itta				Zip Cod	
				пу			FL	· Zip Cou	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered off	ffice or register	ed agent, or bol	h, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .									
	Signatura, typed or printed name of registered agent	and little if apolicable (NOTE)		nt signature required					
	542		agained Agei	,	when remissaurity)		DATE		
	iling Fee is \$50.00 ue by May 1, 2006		and	······································	with ministrating)		e check p	ayable to ent of State	9
			10.		www.enriensaulig)		e check p Departm	ent of State	9
Di	we by May 1, 2006 MANAGING MEMBE MGR				when reinstaung)	Florida	e check p Departm	ent of State	Addition
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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