## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

386-238-7035

Maring Address	DOCUMENT # L05000115237  1. Entity Name CSD, LLC						04-03-2006 90073 037 ****50.00			
Suite, Apt. #, etc.	444 SEABRE SUITE 1002	eze Boulevard	444 SEABREEZE BOULEVARD SUITE 1002		US			B) 11881 USBI SIKA 11888 1UK		
Coy & State	2. Principal P	lace of Business	3. Mailing Address	-						
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03272006	Chg-LLC	CR2E083 (11/0	5)	
20	City & State		City & State							
Name	Zip	Country	Country Zip Cou		try		5. Certificate of Status Desired Status Desired 5.00 Additional			
MILLER, SANFORD   SUTTE 1002   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 sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered agent, or both, in the State of Florida. I sent ambiliar with, and accoptance of the collegations of registered		6. Name and Address of Current R	legistered Agent	_		7. Name ar	d Address of New F	legistered Agent		
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	MILERS	ANFORD			Name					
City	444 SEABREEZE BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.    Common	DAYTONA BEACH, FL 32118									
Signature   Sign					_	FL   ""				
Note			the purpose of changing its	register	ed office or re	egistered agent, or b	oth, in the State of Fl	orida. I am familiar wi	ith, and accept	
9. MANAGING MEMBERS / MANAGERS   10. ADDITIONS / CHANGES   Addition   MILLER, SANFORD   MANAE   MANAE   MILLER, SANFORD   MILLER, SANFORD   MILLER, SANFORD   MANAE   MILLER, MILLER	SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registere	d Agent signature	required when reinstating)		DATE	<del></del>	
S										
ITILE NAME   MILLER, SANFORD   Delete   MAME   MILLER, SANFORD   MAGNILLER, SANFORD   MAGNI	D	ue by May 1, 2006								
NAME SIREET ADDRESS CITY-ST-2IP  MILLER, SANFORD  MAME SIREET ADDRESS CITY-ST-2IP  MAGRM STRASSER, CHARLES 1030 NORTH U.S. HWY. 1 ORMOND BEACH, FL 32174  MITLE NAME SIREET ADDRESS CITY-ST-2IP  MAGRM SELBY, OWIGHT 200 E. GRANADA BOULEVARD, SUITE 200 ORMOND BEACH, FL 32176  TITLE NAME SIREET ADDRESS CITY-ST-2IP  TITLE STRASSER, CHARLES 1030 NORTH U.S. HWY. 1 ORMOND BEACH, FL 32174  TITLE MGRM SELBY, DWIGHT 200 E. GRANADA BOULEVARD, SUITE 200 ORMOND BEACH, FL 32176  TITLE STREET ADDRESS CITY-ST-2IP  TITLE STREET A	9.	MANAGING MEMBER	RS/MANAGERS	MANAGERS 10.			ADDITIONS	/CHANGES		
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11 Theraby certify that the information supplied with this filing does not qualify for the promotions contained in Charles 110 Clarks Charles 140 Clarks	1									
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.	11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall have	the exe	mptions cont e legal effect	tained in Chapter 11: as if made under oa	3, Florida Statutes, I f th; that I am a mana	urther certify that the ging member or man	information ager of the	

SANFORD MILLER

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