

FILED
May 14, 2007 8:00 am
Secretary of State

04-16-2007 90355 031 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000034373			
1. Entity Name CSG GROUP LLC			
Principal Place of Business 18206 COLLINS AVE. SUNNY ISLES, FL 33160		Mailing Address 18206 COLLINS AVE. SUNNY ISLES, FL 33160	
2. Principal Place of Business - No P.O. Box # 9577 Harding Ave.		3. Mailing Address 9577 Harding Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Surfside, FL		City & State Surfside, FL	
Zip 33154	Country USA	Zip 33154	Country USA
6. Name and Address of Current Registered Agent GLEIZER, HERNAN 18206 COLLINS AVE. SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent Name Gleizer, Hernan Street Address (P.O. Box Number is Not Acceptable) 9577 Harding Ave. City Surfside FL Zip Code 33154	
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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEIZER, HERNAN 18206 COLLINS AVE. SUNNY ISLES, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gleizer, Hernan 9577 Harding Ave. Surfside, FL 33154 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4-12-07 305-865-0977 Date Daytime Phone #	