

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071058

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: COST SEGREGATION ADVISOR, LLC

## Current Principal Place of Business:

3253 NIGHT BREEZE LANE  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

207 OVERSTREET AVENUE  
LONGWOOD, FL 32750 US

## Current Mailing Address:

PO BOX 954001  
LAKE MARY, FL 32746 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REID, JAMES L  
3253 NIGHT BREEZE LANE  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

REID, JAMES L  
207 OVERSTREET AVE  
LONGWOOD, FL 32750 US

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:

07/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: REID, JAMES L  
Address: 3253 NIGHT BREEZE LANE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM ( ) Delete  
Name: SIMMONDS, REUBEN T JR  
Address: 714 LANCER CIRCLE  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM ( ) Delete  
Name: CSA VENTURES, LLC,  
Address: 3253 NIGHT BREEZE LANE  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: REID, JAMES L  
Address: 207 OVERSTREET AVE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR (X) Change ( ) Addition  
Name: SIMMONDS, REUBEN T JR  
Address: 714 LANCER CIRCLE  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM (X) Change ( ) Addition  
Name: CSA MANAGMENT GROUP,  
Address: 207 OVERSTREET AVE  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L REID

MGRM

07/15/2008

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