2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107872

Entity Name: CSAW, LLC

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 535 PARK AVENUE NORTH 535 N PARK AVENUE WINTER PARK, FL 32790 SUITE 224 WINTER PARK, FL 32790 **Current Mailing Address: New Mailing Address:** 535 PARK AVENUE NORTH PO BOX 1508 WINTER PARK, FL 32790 WINTER PARK, FL 32790 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, WARREN E WILLIAMS, WARREN E 312 WING LANE 535 N. PAŔK AVE WINTER PARK, FL 32789 US SUITE 224 WINTER PARK, FL 32789 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: 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete GARBE, UDO Name: Name: Address: 535 PARK AVENUE NORTH Address: City-St-Zip: WINTER PARK, FL 32790 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition Name: Name: GARBE, ANGELIKA Address: Address: PO BOX 1508

City-St-Zip:

WINTER PARK, FL 32790

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: UDO GARBE MGR 04/30/2009