

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108886

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: CS INVESTMENT GROUP, LLC

## Current Principal Place of Business:

6606 N 56TH ST  
TAMPA, FL 33610

## New Principal Place of Business:

6606B N 56TH ST  
TAMPA, FL 33610 US

## Current Mailing Address:

6606 N 56TH ST  
TAMPA, FL 33610

## New Mailing Address:

6606B N 56TH ST  
TAMPA, FL 33610 US

FEI Number: 20-5856929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOU, RONGSHENG  
8815 RIVERSCAPE WAY  
TAMPA, FL 33635 US

## Name and Address of New Registered Agent:

YOU, RONGSHENG  
16235 NOTTINGHAM PARK WAY  
TAMPA, FL 33647 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: RONGSHENG YOU

04/05/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PD  
Name: YOU, XINJIAN  
Address: 16235 NOTTINGHAM PARK WY  
City-St-Zip: TAMPA, FL 33647 US

Title: ST  
Name: YOU, RONGSHENG  
Address: 16235 NOTTINGHAM PARK WAY  
City-St-Zip: TAMPA, FL 33647 US

Title: TD  
Name: RONGHUI, YOU  
Address: 6606 N 56TH ST  
City-St-Zip: TAMPA, FL 33610 US

Title: VP  
Name: CHENG, WAI  
Address: 6606 N 56TH ST  
City-St-Zip: TAMPA, FL 33610 US

Title: VP  
Name: CHAN, QING  
Address: 6606 N 56TH ST  
City-St-Zip: TAMPA, FL 33610 US

Title: VP  
Name: TANG, HUI TUNG  
Address: 6606 N 56TH ST  
City-St-Zip: TAMPA, FL 33610 US

I hereby 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: RONGSHENG YOU

P

04/05/2011

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