
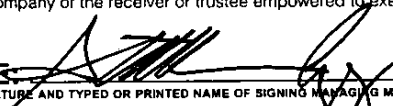


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90270 035 ***138.75

DOCUMENT # L07000012969 1. Entity Name CDSS FOREST OAKS, LLC					
Principal Place of Business 220 CRYSTAL GROVE BLVD. LUTZ, FL 33548-6460			Mailing Address 220 CRYSTAL GROVE BLVD. LUTZ, FL 33548-6460		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-8401424</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03102008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent AZIZ, STEFFEN H 220 CRYSTAL GROVE BLVD. LUTZ, FL 33548-6460				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM CHRIS P. TSOKOS <input type="checkbox"/> Delete NAME STREET ADDRESS 1202 PARRILLA DE AVILA CITY-ST-ZIP TAMPA, FL 33613				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM DENNIS KOUTRAS <input type="checkbox"/> Delete NAME STREET ADDRESS 1528 ALBEMARLE CT. CITY-ST-ZIP DUNEDIN, FL 34698				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM STEFFEN AZIZ <input type="checkbox"/> Delete NAME STREET ADDRESS 3817 LAKE JOYCE DR CITY-ST-ZIP LAND O' LAKES FL 34639				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM SURESH KHATOR <input type="checkbox"/> Delete NAME STREET ADDRESS 10530 MARTINIQUE ISLE AVE CITY-ST-ZIP TAMPA, FL 33647				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 				3/10/08 (813) 477-3889 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					