

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079770

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** C & S PROPERTY MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

21 HOSPITAL DRIVE  
SUITE #260  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730657  
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIN, CHARLES I PRES.  
29 WINDING CREEK WAY  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: STEIN, CHARLES I PRES.  
Address: 29 WINDING CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: COLLUCCI, NICKOLAS J VP  
Address: 67 SOUTH LAKE DR  
City-St-Zip: PALM COAST, FL 32164

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: CHARLES I. STEIN, MD, PRESIDENT

PRES

04/18/2010

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