


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90231 021 ***138.75

DOCUMENT # L07000088119	
1. Entity Name CSR DESIGN CONCEPTS LIMITED LIABILITY COMPANY	

Principal Place of Business 1620 SOUTH OCEAN BLVD. APT. 15-B LAUDERDALE BY THE SEA, FL 33062	Mailing Address 1620 SOUTH OCEAN BLVD. APT. 15-B LAUDERDALE BY THE SEA, FL 33062
--	--

60020387



2. Principal Place of Business - No P.O. Box # 1620 S. Ocean Blvd	3. Mailing Address 162 S. Ocean Blvd.
Suite, Apt. #, etc. Apt. 15-B	Suite, Apt. #, etc. Apt 15-B
City & State Lauderdale by the Sea, FL	City & State Lauderdale by the Sea, FL
Zip 33062	Country USA

02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0813383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent RIDEG, CARL S 1620 SOUTH OCEAN BLVD. APT. 15-B LAUDERDALE BY THE SEA, FL 33062	
7. Name and Address of New Registered Agent Name Carl S. Ridg Street Address (P.O. Box Number is Not Acceptable) 1620 S. Ocean Blvd. (Apt. 15-B) City Lauderdale by the Sea, FL Zip Code 33062	

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 **Carl S. Ridg** (NOTE: Registered Agent signature required when reinstating) DATE _____

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 MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIDEG, CARL		NAME	
STREET ADDRESS 1620 SOUTH OCEAN BLVD. APT. 15-B		STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33062		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Carl S. Ridg** **Carl S. Ridg** **4/4/08** **954-304-4990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #