## **2008 LIMITED LIABILITY COMPANY**

Mailing Address

3. Mailing Address

SIGNATURE: ( M M M MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **ANNUAL REPORT**

## DOCUMENT # L07000088119

1. Entity Name **CSR DESIGN CONCEPTS LIMITED LIABILITY COMPANY** 

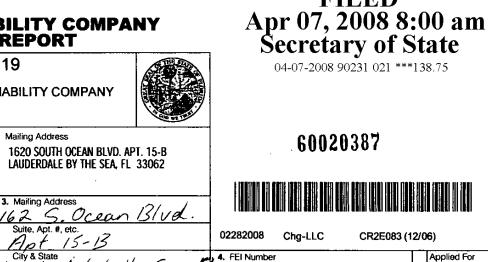
Principal Place of Business

1620 SOUTH OCEAN BLVD. APT. 15-B

LAUDERDALE BY THE SEA, FL 33062

2. Principal Place of Business - No P.O. Box #

**FILED** 



Suite, Apt.	#.etc.	5-13	Suite, Apt. #, etc.  Apt 15-13				02282008	Chg-Ll	LC	CR2EC	083 (12/06)		
City & State	1 /	bothe Seat	Lauderclale by the Seaf				4. FEI Numb	per <i>1813:</i>	383			plied For t Applicable	
Zip 3306:	062 Country 062 (LSA		Zip Cou 33062 U		try 5. Certif		5. Certificate	e of Status D	esired		\$5.00 Add Fee Require		
	6. Name	legistered Agent				7. Name and Address of New Registered Agent							
RIDEG, CARL S 1620 SOUTH OCEAN BLVD. APT. 15-B LAUDERDALE BY THE SEA, FL 33062						Name Carl S. Ridey Street Address (P.O. Box Number is Not Acceptable)  1620 S. Ocean Blvd. (Apt. 15-B)							
City audardale by the San FL Zip Code												012	
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  Signature, typed or printed name of registered agent and tills if explicable. (NOTE: projectored Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									Florida D	epartm	ayable to ent of State		
9.	- 1	MANAGING MEMBER	IS/MANAGERS	10.				ADE	ITIONS/CH	ANGES	3		
NAME STREET ADDRESS CITY-ST-ZIP		ARL JTH OCEAN BLVD. APT DALE BY THE SEA, FL								•	☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP			La Caracteria de la Car	CITY	et address -St-ZIP -								
indicated	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.												