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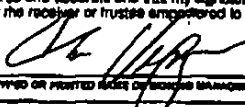
ARTHUR PALERMI

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FILED
May 29, 2008 8:00 am
Secretary of State

05-02-2008 90025 046 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000089115			
1. Entity Name CSV CONCEPTS V. LLC			
Principal Place of Business 8921 RAVEN ROCK COURT BOYNTON BEACH, FL 33437		Mailing Address 8921 RAVEN ROCK COURT BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box # 2525 N. Military Trail Suite, Apt. #, etc. # 111		3. Mailing Address 8988 STONE PIER DRIVE Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Boynton Beach, FL	
Zip 33458-7883		Zip 33472	
Country USA		Country USA	
4. FEI Number 06-1603418		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04102008 Chg-LLC CR2E063 (12/06)	
6. Name and Address of Current Registered Agent PAUL E. GHOUASIAN, P.A. 2300 GLADES ROAD, SUITE 370-W BOCA RATON, FL 33431		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 Signature, typed or printed name of registered agent and day of execution. (NOTE: Registered Agent signature requires agent identification) DATE			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Fees check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VINGIANO, CHRISTOPHER S 8921 RAVEN ROCK COURT BOYNTON BEACH, FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VINGIANO, CHRISTOPHER S 8988 STONE PIER DRIVE BOYNTON BEACH, FL 33472 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 808, Florida Statutes.			
SIGNATURE: 		4/30/08 561-239-1291	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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