## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L07000100817

SIGNATURE: JASTILLE SIGNATURE AND TYPED OR PRINTED NAME OF

## **FILED** Jun 06, 2008 8:00 am Secretary of State 04-30-2008 90017 018 \*\*\*138.75

094 377-19-19

Daysme Phone #

| 1. Entity Name<br>COST SEGREGATION PARTNERS, LLC  |  |   |                                    |  |  |  | 1,11                     |            |                        |                            |  |
|---|--|---|------------------------------------|--|--|--|--------------------------|------------|------------------------|----------------------------|--|
| Principal Plac  | e of Busines   | is  | Mailing Address                    |  |  |  |                          |            |                        |                            |  |
| 2798 US-1 SOUTH<br>St. Augustine, Fl. 32086   |  | 2798 US-1 SOUTH<br>St. Augustine, Fl. 32086                               |                                    |  |  | 30   | 0088                     | 69         |                        |                            |  |
| Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address                 | <u></u>  | <del></del>  |  |                          |            |                        |                            |  |
| Suite, Aρι. #, etc.   |  | Suile, Apt. #, etc.   |                                    |  | 03192008   | Chg-LLC  | CR2E                     | 083 (12/06 | 3)                     |                            |  |
| City & State  |  | City & State  |                                    | (1)  | 4. FEI Numb  | 117286   | 8                        |            | Applied For            |                            |  |
| Zip   |  | Country   | Zip                                | Coun   | airy   | 5. Certificate                                       | e of Status Desired      |            | \$5.00 A<br>Fee Requi  | dditional                  |  |
| Name and Address of Current Registered Agent  |  |   |                                    |  |  | 7. Name and Address of New Registered Agent          |                          |            |                        |                            |  |
| CHAMBERS SHANNON V  |  |   | •                                  |  | Name   |  |                          |            |                        | <del></del>                |  |
| CHAMBERS, SHANNON V<br>2798 US-1 SOUTH<br>ST. AUGUSTINE, FL 32086   |  |   | Street Address                     |  |  | P.O. Box Numb  | per is Not Acceptable    | )          |                        |                            |  |
|   |  |   |                                    |  |  |  |                          |            |                        |                            |  |
|   |  |   |                                    |  | City   |  |                          | FI         | Zip Co                 |                            |  |
| 8. The above<br>the obligat   | named entit<br>tions of regist                                       | y submits this statement for<br>tered agent.                              | the purpose of changing its        | register   | ed affice or register  | ed agent, or bo                                      | oth, in the State of Fig | vida. I am | tamiliar with          | n, and accept              |  |
| SIGNATURE   | Signature, typed   | or printed name of registered agent as                                    | nd title if applicable (NOTI       | : Registere  | d Agent signature required   | when reinstating)                                    |                          | DATE       |                        | <del></del>                |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |  |   |                                    |  |  | Make check payable to<br>Florida Department of State |                          |            |                        |                            |  |
|   |  |   |                                    |  |  |  |                          |            |                        |                            |  |
|   |  |   | RS/MANAGERS                        | 10.  |  |  |                          | Departn    | nent of Sta            |                            |  |
| After May<br>9.<br>TITLE  | 1, 2008<br>MGRM  | Fee will be \$538.75  MANAGING MEMBER                                     | RS/MANAGERS                        | TITLE  |  |  | Florida                  | Departn    | nent of Sta            |                            |  |
| 9.  TITLE  NAME   | MGRM<br>CHAMBE   | Fee will be \$538.75  MANAGING MEMBER  RS, SHANNON V                      |                                    | TITLE  | Ē  |  | Florida                  | Departn    | nent of Sta            | ite                        |  |
| After May<br>9.<br>TITLE  | MGRM<br>CHAMBE<br>2798 US-   | Fee will be \$538.75  MANAGING MEMBER  RS, SHANNON V                      |                                    | TITLE<br>NAME<br>STRE  |  |  | Florida                  | Departn    | nent of Sta            | ite                        |  |
| 9. TITLE HAME STREET ADDRESS  | MGRM<br>CHAMBE<br>2798 US-   | MANAGING MEMBER<br>RS, SHANNON V<br>1 SOUTH                               |                                    | TITLE<br>NAME<br>STRE  | E<br>ET ADORESS<br>-ST-7IP   |  | Florida                  | Departn    | nent of Sta            | ite                        |  |
| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MGRM<br>CHAMBE<br>2798 US-<br>ST. AUGU<br>MGR<br>DELORE              | MANAGING MEMBER RS, SHANNON V 1 SOUTH USTINE, FL 32086                    | C.] Delete                         | TITLE NAME STRE CITY TITLE   | ET ADDRESS<br>-ST-7IP  |  | Florida                  | Departn    | S Change               | Lite ☐ Addition            |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MGRM<br>CHAMBE<br>2798 US-<br>ST. AUGU<br>MGR<br>DELORE/<br>2798 US- | MANAGING MEMBER RS, SHANNON V 1 SOUTH USTINE, FL 32086                    | C.] Delete                         | TITLE NAME STREE CITY- TITLE NAME STREE  | E CZENORESS - ST-72P   |  | Florida                  | Departn    | S Change               | Lite ☐ Addition            |  |
| 9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM<br>CHAMBE<br>2798 US-<br>ST. AUGU<br>MGR<br>DELORE/<br>2798 US- | MANAGING MEMBER RS, SHANNON V 1 SOUTH JSTINE, FL 32086  NZO, ANDY 1 SOUTH | C.] Delete                         | TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE  | E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP  |  | Florida                  | Departn    | S Change               | Lite ☐ Addition            |  |
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is fine and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report per equired by Chapter 608, Florida Statutes.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE