2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000249

1. Entity Name
CSAV AGENCY, LLC

Principal Place of Business	Mailing Address
99 WOOD AVENUE SOUTH, 9TH FLOOR ISELIN, NJ 08830	99 WOOD AVENUE SOUTH, 9TH FLOOR ISELIN, NJ 08830

DO NOT WRITE IN THIS SPACE

02212006No Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2202668
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DA-BOVE, MARIO
STREET ADDRESS	99 WOOD AVENUE SOUTH, 9TH FLOOR
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	MGR
NAME	INFANTE, ALVARO
STREET ADDRESS	99 WOOD AVENUE SOUTH, 9TH FLOOR
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	MGR
NAME	HURTADO, SERGIO
STREET ADDRESS	99 WOOD AVENUE SOUTH, 9TH FLOOR
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	MGR
NAME	IRARRAZAVAL, GONZALO
STREET ADDRESS	99 WOOD AVENUE SOUTH, 9TH FLOOR
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/21/06 732-635-260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #