

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006764

Entity Name: CSF ENTERPRISES, LLC

FILED  
Jan 11, 2009  
Secretary of State

## Current Principal Place of Business:

2903 WATERVIEW CIR STE 1  
PALM SPRINGS, FL 33461

## New Principal Place of Business:

3617 PINE OAK CIRCLE  
SUITE 103  
FORT MYERS, FL 33916

## Current Mailing Address:

2903 WATERVIEW CIR STE 1  
PALM SPRINGS, FL 33461

## New Mailing Address:

3617 PINE OAK CIRCLE  
SUITE 103  
FORT MYERS, FL 33916

FEI Number: 80-0128142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODJO, NADIA  
1520 NORTH K STREET  
LAKE WORTH, FL 33460 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ST. FORT, SIMPSON A  
Address: 2903 WATERVIEW CIR STE 1  
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGR ( ) Delete  
Name: ST. FORT, CHRISTY A  
Address: 2903 WATERVIEW CIR STE 1  
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGR ( ) Delete  
Name: ODJO, NADIA  
Address: 1520 NORHT K STREET  
City-St-Zip: LAKEWORTH, FL 33460

Title: MGR ( ) Delete  
Name: ODJO, JOSEPH  
Address: 1520 NORHT K STREET  
City-St-Zip: LAKEWORTH, FL 33460

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ST. FORT, SIMPSON  
Address: 3617 PINE OAK CIRCLE  
City-St-Zip: FORT MYERS, FL 33916

Title: MGR (X) Change ( ) Addition  
Name: ST. FORT, CHRISTY A  
Address: 3617 PINE OAK CIRCLE SUITE 103  
City-St-Zip: FORT MYERS, FL 33916

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SIMPSON ST. FORT

MGR

01/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date