

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000234

Entity Name: CS VENTURES, LLC

FILED  
Jan 07, 2008  
Secretary of State

**Current Principal Place of Business:**

24636 HARBOUR VIEW DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

455 SOUTH LEGACY TRAIL  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

24636 HARBOUR VIEW DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

455 SOUTH LEGACY TRAIL  
ST. AUGUSTINE, FL 32092

FEI Number: 06-1501645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: HASKELL, MACDONALD T  
Address: 24636 HARBOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete  
Name: MURRAY, ANDREW T  
Address: 5 KELBOURNE AVENUE  
City-St-Zip: SLEEPY HOLLOW, NY 10591

**ADDITIONS/CHANGES:**

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: MACDONALD T. HASKELL

MGR

01/07/2008

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