

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001862

1. Entity Name

COMMUNITY SOFTWARE PARTNERS, LLC

Principal Place of Business

9404 GENESEE AVE. STE. 230
LA JOLLA CA 92037

Mailing Address

9404 GENESEE AVE. STE. 230
LA JOLLA CA 92037

2. Principal Place of Business

7702 E. Doubletree Ranch Rd

Suite, Apt. #, etc.

Ste 300

City & State

Scottsdale AZ

Zip

85258

Country

USA

3. Mailing Address

7702 E. Doubletree Ranch Rd

Suite, Apt. #, etc.

Ste 300

City & State

Scottsdale, AZ

Zip

85258

Country

USA

36792



DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1035815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME

VP (MGRM) DELL THOMAS

STREET ADDRESS 9404 GENESEE AVE, Ste 230

CITY-ST-ZIP La Jolla CA 92037-1354

TITLE NAME

VP (MGRM) LADONNA THOMAS

STREET ADDRESS 9404 GENESEE AVE, Ste 230

CITY-ST-ZIP La Jolla CA 92037-1354

TITLE NAME

CEO, PRES (MGRM) Charles Matthews

STREET ADDRESS 7702 E. Doubletree Ranch Rd, Ste 300

CITY-ST-ZIP Scottsdale, AZ 85258

TITLE NAME

CFO, VP (MGRM) Heather Jovillo

STREET ADDRESS 7702 E. Doubletree Ranch Rd, Ste 300

CITY-ST-ZIP Scottsdale AZ 85258

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Heather Jovillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02

480-348-8180

Date

Daytime Phone #

CP2E083 (9/01)