

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003019

1. Entity Name
CNSG, LLC



Principal Place of Business
**1411 GERVAIS STREET, 15TH FLOOR
COLUMBIA, SC 29201**

Mailing Address
**1411 GERVAIS STREET, 15TH FLOOR
COLUMBIA, SC 29201**



07062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0035899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOBS, BRUCE
2500 MAITLAND CENTER PKWY
MAITLAND, FL 32451**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SILVER, RICK
1411 GERVAIS ST
COLUMBIA, SC 29201**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BUSSELL, LEE
1411 GERVAIS ST
COLUMBIA, SC 29201**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ANDERSON, DAVID
1411 GERVAIS ST
COLUMBIA, SC 29201**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000569284
07/11/06-80020-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

7/7/06

Date

803-233-744

Daytime Phone #