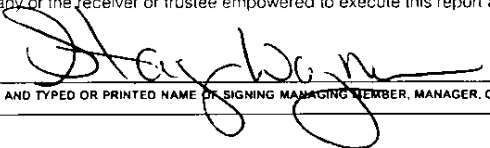


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90037 031 ****50.00

DOCUMENT # M06000006756 1. Entity Name CSDVRS, LLC					
Principal Place of Business 219 POINCIANA LANE LARGO, FL 33770			Mailing Address 219 POINCIANA LANE LARGO, FL 33770		
2. Principal Place of Business - No P.O. Box # 600 Cleveland St Suite, Apt. #, etc. Suite 1000 City & State Clearwater, FL Zip 33755 Country USA		3. Mailing Address 600 Cleveland St. Suite, Apt. #, etc. Suite 1000 City & State Clearwater, FL Zip 33755 Country USA		00055370 	
08072007 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-5985901	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASHMAN, JAMES W 75 STATE ST STE 2500 BOSTON, MA 02109	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASHMAN, GILLIS 75 STATE ST STE 2500 BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELANGER, SEAN 219 POINCIANA LANE LARGO, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 600 Cleveland St, Suite 1000 Clearwater, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOULKOP, BENJAMIN J JR 102 N KROHN PLACE SIOUX FALLS, SD 57103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR Stacy Wagner 600 Cleveland St, Suite 1000 Clearwater, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			8/31/07 727-2545604		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					