2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M06000006756

Entity Name: CSDVRS, LLC

Current Principal Place of Business:

600 CLEVELAND ST STE 1000
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

600 CLEVELAND ST STE 1000
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 20-5985901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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:	CASHMAN, GILLIS	
Address:	75 STATE ST STE 2500	
City-St-Zip:	BOSTON, MA 02109	
Title:	MGR	( ) Delete
Name:	BELANGER, SEAN	
Address:	600 CLEVELAND ST STE 1000	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGR	( ) Delete
Name:	SOULKOP, BENJAMIN J JR	
Address:	102 N KROHN PLACE	
City-St-Zip:	SIOUX FALLS, SD 57103	
Title:	SECR	( ) Delete
Name:	WAGNER, STACY	
Address:	600 CLEVELAND ST STE 1000	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGR	( ) Delete
Name:	TIRABASSI, SALVATORE	
Address:	75 STATE STREET, SUITE 2500	
City-St-Zip:	BOSTON, MA 02109 US	
Title:	MGR	( ) Delete
Name:	GUNTHER, CHRIS	
Address:	390 PARK AVE., 4TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: STACY WAGNER SECR 03/20/2009

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