2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012802

Entity Name: CSC HOLDINGS, L.L.C.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

127 LANTANA AVENUE FLAGLER BEACH, FL 32136

Current Mailing Address: New Mailing Address:

127 LANTANA AVENUE FLAGLER BEACH, FL 32136

FEI Number: 59-3677122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONNER, TIMOTHY J
1 FLORIDA PARK DR., NORTH, STE. 110

CONNER, TIMOTHY J
2 JUNGLE HUT ROAD

PALM COAST, FL 32137 US SUITE 100
PALM COAST, FL 32137 US

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: TIMOTHY J. CONNER 04/28/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SEIBEL, JOHN P

Address: 127 LANTANA AVENUE Address: 127 LANTANA AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CLINE, SAM
 Name:

 Address:
 P.O. BOX 354425
 Address:

 City-St-Zip:
 PALM COAST, FL 32135
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CAMERON, C.M.
 Name:

 Address:
 P.O. BOX 1288
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 33136
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PATTERSON, BILL
 Name:

 Address:
 P.O. BOX 1288
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 33136
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ROBERTS, JONATHAN
 Name:

 Address:
 P.O. BOX 1288
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 33136
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ROBERTS, ANN
 Name:

 Address:
 P.O. BOX 1288
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 33136
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN P. SEIBEL MGRM 04/28/2004