

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012802

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

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

127 LANTANA AVENUE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

127 LANTANA AVENUE  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 59-3677122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CONNER, TIMOTHY J  
2 JUNGLE HUT ROAD  
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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEIBEL, JOHN P  
Address: 127 LANTANA AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM ( ) Delete  
Name: CLINE, SAM  
Address: P.O. BOX 354425  
City-St-Zip: PALM COAST, FL 32135

Title: MGRM ( ) Delete  
Name: CAMERON, C.M.  
Address: P.O. BOX 1288  
City-St-Zip: FLAGLER BEACH, FL 33136

Title: MGRM ( ) Delete  
Name: PATTERSON, BILL  
Address: P.O. BOX 1288  
City-St-Zip: FLAGLER BEACH, FL 33136

Title: MGRM ( ) Delete  
Name: ROBERTS, JONATHAN  
Address: P.O. BOX 1288  
City-St-Zip: FLAGLER BEACH, FL 33136

Title: MGRM ( ) Delete  
Name: ROBERTS, ANN  
Address: P.O. BOX 1288  
City-St-Zip: FLAGLER BEACH, FL 33136

**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 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: JOHN P. SEIBEL

MGRM

05/01/2006

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