

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L93000000299**

**1. Entity Name**  
**C S OFFICE PARTNERSHIP, L.C.**



**Principal Place of Business**  
**C/O ROBERTO TUCHMAN, M.D.**  
**3200 S.W. 60TH COURT, SUITE 302**  
**MIAMI, FL 33155**

**Mailing Address**  
**C/O ROBERTO TUCHMAN, M.D.**  
**3200 S.W. 60TH COURT, SUITE 302**  
**MIAMI, FL 33155**



01192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0464066	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TUCHMAN, ROBERTO M.D.**  
**3200 S.W. 60 COURT**  
**SUITE 302**  
**MIAMI, FL 33155**

**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 May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>EPSTEIN, MARK</b>
<b>STREET ADDRESS</b>	<b>3200 S.W. 60 CT., #302</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI, FL 33155</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>GADIA, CARLOS</b>
<b>STREET ADDRESS</b>	<b>3200 S.W. 60 CT., #302</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI, FL 33155</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>BUTLER, KENNETH D</b>
<b>STREET ADDRESS</b>	<b>3200 S.W. 60TH COURT, #302</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI, FL 33155</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>JAYAKAR, PRASANNA</b>
<b>STREET ADDRESS</b>	<b>3200 S.W. 60TH COURT, #302</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI, FL 33155</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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**DO NOT WRITE  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Roberto Tuchman, MD*

*1/28/04*

Date

*(305) 662-8300*

Daytime Phone #