2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L93000000299

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

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

01182005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0484066
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005

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

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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)(i), 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: Roberto F. Tuchman, MD 4/26/05 (786)268-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #