


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

99 MAY -3 PM 2:13

<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000000278</b>  CSCM, L.C. 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH FL 33444
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1a. Principal Place of Business Address 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH FL 33444
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2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 03/06/1998	3a. State of Formation FL
4. FEI Number 06-154 1847	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 800002867978-7 -05/07/99--01122--012 ***188.75 ***188.75 FL
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WALSH, MARK	1100 LINTON BLVD., SUITE C	DELRAY BEACH FL
MGR	WALSH, MICHAEL	1100 LINTON BLVD., SUITE C	DELRAY BEACH FL
MGR	WALSH, WILLIAM	1100 LINTON BLVD., SUITE C	DELRAY BEACH FL
MGR	ADE, RICHARD C	1000 MARKET STREET, BUILDI	PORTSMOUTH NH

*Handwritten signature and date: 3/31/99*

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Richard C. Ade* 3/31/99 603 559-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER