

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000278**

1. Entity Name  
**CSCM, L.C.**



Principal Place of Business  
**1100 LINTON BLVD., SUITE C-9  
DELRAY BEACH, FL 33444**

Mailing Address  
**1100 LINTON BLVD., SUITE C-9  
DELRAY BEACH, FL 33444**



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1541847**

Applied For  
Not Applicable

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

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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**

U00000084694  
03/23/04-80007-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, MARK  
1100 LINTON BLVD., SUITE C-9  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, MICHAEL  
1100 LINTON BLVD., SUITE C-9  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, WILLIAM  
1100 LINTON BLVD., SUITE C-9  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ADE, RICHARD C  
1000 MARKET STREET, BUILDING ONE  
PORTSMOUTH, NH 03801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Richard A. Ade*

1-9-2004

(603)559-2100