


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000278
 1. Entity Name
 CSCM, L.C.



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

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 06-1541847 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$50.00 Due by May 1, 2005

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 | |

U00000333039
 04/26/05-80083-018 50.00

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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 606, Florida Statutes.

SIGNATURE: [Signature] Richard ADE 4/26/05 (603)589-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #