

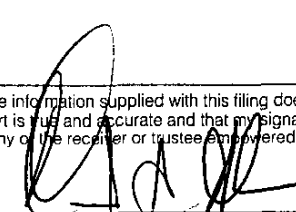


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90020 006 ****50.00

| | | | |
|--|--|--|---|
| 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 | |
| 2. Principal Place of Business 1001 E. Atlantic Ave Suite, Apt. #, etc. Suite 201 City & State Delray Beach, FL Zip 33483 Country USA | | 3. Mailing Address 1000 Market Street Suite, Apt. #, etc. Suite 300 City & State Portsmouth, NH Zip 03801 Country USA | |
| | |  | |
| | | 01232006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 06-1541847 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR WALSH, MARK <input type="checkbox"/> Delete | TITLE | 1001 E. Atlantic Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, MARK | NAME | 1001 E. Atlantic Ave |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | STREET ADDRESS | Delray Beach, FL 33483 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | CITY-ST-ZIP | |
| TITLE | MGR WALSH, MICHAEL <input type="checkbox"/> Delete | TITLE | 1001 E. Atlantic Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, MICHAEL | NAME | 1001 E. Atlantic Ave |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | STREET ADDRESS | Delray Beach, FL 33483 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | CITY-ST-ZIP | |
| TITLE | MGR WALSH, WILLIAM <input type="checkbox"/> Delete | TITLE | 1000 Market Street, Bldg One <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, WILLIAM | NAME | 1000 Market Street, Bldg One |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | STREET ADDRESS | Portsmouth, NH 03801 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | CITY-ST-ZIP | |
| TITLE | MGR ADE, RICHARD C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADE, RICHARD C | NAME | |
| STREET ADDRESS | 1000 MARKET STREET, BUILDING ONE | STREET ADDRESS | |
| CITY-ST-ZIP | PORTSMOUTH, NH 03801 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the recorder 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, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Richard C. Ate, Manager 1/24/06 (603) 559-2100 Date Daytime Phone # | |