

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000278

1. Entity Name
CSCM, L.C.



Principal Place of Business
1001 E ATLANTIC AVE
SUITE 201
DELRAY BEACH, FL 33483

Mailing Address
1000 MARKET STREET
SUITE 300
PORTSMOUTH, NH 03801



01112008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WALSH, MARK
STREET ADDRESS 1001 E ATLANTIC AVE
CITY-STATE-ZIP DELRAY BEACH, FL 33483

TITLE MGR
NAME WALSH, MICHAEL
STREET ADDRESS 1001 E ATLANTIC AVE
CITY-STATE-ZIP DELRAY BEACH, FL 33483

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000915761
05/12/08-80001-006 138.75

**DO NOT WRITE
IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 860, Florida Statutes.

SIGNATURE: _____

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

RICHARD C. ADE
MANAGER

Date

Daytime Phone #

1/30/08

(603)559-2100