

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000278

Entity Name: CSCM, L.C.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

1001 E ATLANTIC AVE  
SUITE 201  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, NH 03801

## New Mailing Address:

FEI Number: 06-1541847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WALSH, MARK  
Address: 1001 E ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR ( ) Delete  
Name: WALSH, MICHAEL  
Address: 1001 E ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR ( ) Delete  
Name: WALSH, WILLIAM  
Address: 1100 LINTON BLVD., SUITE C-9  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR ( ) Delete  
Name: ADE, RICHARD C  
Address: 1000 MARKET ST, BLDG ONE  
City-St-Zip: PORTSMOUTH, NH 03801

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD C. ADE

MGR.

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date