

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

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05-05-2003 92179 016 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1541847**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, MARK	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, MICHAEL	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, WILLIAM	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ADE, RICHARD C	
STREET ADDRESS	1000 MARKET STREET, BUILDING ONE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael Walsh Michael Walsh 3/28/03 (561)279-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)