


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M00000002626 1. Entity Name CSC PELICAN LANDING GP, L.L.C. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 250 AUSTRALIAN AVE. SOUTH SUITE 1003 WEST PALM BEACH, FL 33401 | Mailing Address 250 AUSTRALIAN AVE. SOUTH SUITE 1003 WEST PALM BEACH, FL 33401 |
|---|---|

DO NOT WRITE IN THIS SPACE



04282004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-1061856 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHLESINGER, ADAM
250 AUSTRALIAN AVE. SOUTH
SUITE 1003
WEST PALM BEACH, FL 33401

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHLESINGER, ADAM 250 AUSTRALIAN AVE S W PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M SCHLESINGER, JASON 112 HOYT ST STAMFORD, CT 03905 |
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05/05/04-80028-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Adam Schlesinger, manager