
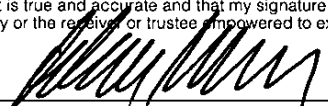


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 004 ***138.75

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		
2. Principal Place of Business - Not P.O. Box # <i>1801 S. Australian Ave</i>		3. Mailing Address <i>1801 S. Australian Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>West Palm Beach FL</i>		City & State <i>West Palm Beach FL</i>			
Zip <i>33409</i>		Country		Zip <i>33409</i>	
Country		Country			
4. FEI Number 65-1061856				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1801 S. Australian Ave</i> City <i>West Palm Beach</i> State <i>FL</i> Zip Code <i>33409</i>		
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 _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHLESINGER, ADAM 250 AUSTRALIAN AVE S W PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M SCHLESINGER, JASON 112 HOYT ST STAMFORD, CT 03905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

60038997

