


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M00000002633 1. Entity Name CSC VININGS GP, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1079353	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

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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. SOUTH WEST PALM BEACH, FL 33401
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

Adam Schlesinger, managing member