## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M00000002633**

Entity Name
 CSC VININGS 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 20058309



05062005 No Chg-LLC

CR2E083 (10/03)

**FILED** 

May 10, 2005 8:00 am Secretary of State

05-10-2005 90046 010 \*\*\*\*50.00

4.	FEI Number			
	65-1079353			

Applied For Not Applicable

5. Certificate of Status Desired

\$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

	named entity submits this statement for the purpose of chairons of registered agent.	nging its registered office or registered a	agent, or both, in the State of Florida. I am famil	iar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when	n reinstating) DATÉ	
Fil Due t	ling Fee is \$50.00 by September 7, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	SCHLESINGER, ADAM		*	
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			
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NAME				
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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: MM/MM

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone