2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002474 1. Entity Name

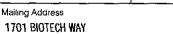
CSC OPS LLC

Principal Place of Business

1701 BIOTECH WAY SARASOTA, FL 34243



FILED Apr 26, 2004 08:00 AM Secretary of State



SARASOTA, FL 34243



04132004 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number 65-1147431

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HADLEY, WILLIAM F 1701 BIOTECH WAY SARASOTA, FL 34243

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tide if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HADLEY, WILLIAM F		U00000128715 04/26/04-80049-609 50.00
STREET ADDRESS	1701 BIOTECH WAY		04/26/04-80049-009 50.00
CITY-ST ZIP	SARASOTA, FL 34243	<u></u>	
IITLE	MGR		
NAME	ANDERSON, JANET		
STREET ADDRESS	1701 BIOTECH WAY	l l	
CITY-ST-ZIP	SARASOTA, FL 34243		
TITLE			
NAME.			i
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STREET ADDRESS			
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TITLE			

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 it 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.

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