


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAR -9 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001058 1. Entity Name CSRV, LLC	
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Principal Place of Business 7667 FOLSOM BLVD. SACRAMENTO, CA 95826	Mailing Address 7667 FOLSOM BLVD. SACRAMENTO, CA 95826
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2. Principal Place of Business Suites, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country Country
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02132004 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1975546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324

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 Lauren Greco **Lauren Greco** **Assistant Secretary** DATE 3/5/04

Signature, typed or printed name of registered agent and title if applicable. Signature required when reinstating.

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	PANACCIONE, ANDREW
STREET ADDRESS	1209 ORANGE ST.
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	STAWIKEY, MARY
STREET ADDRESS	1209 ORANGE ST.
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	California State Teachers' Retirement System
STREET ADDRESS	7667 Folsom Blvd., MS04
CITY-ST-ZIP	Sacramento, CA 95826
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600030671416
STREET ADDRESS	03/17/04--01057--013 **\$50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] DATE 3/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #