

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90046 007 ****50.00

DOCUMENT # M04000004115

1. Entity Name
CSC TRAYMORE, LLC



Principal Place of Business
**250 S. AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401**

Mailing Address
**250 S. AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401**

20050012



05062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1677467

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHLESINGER, ADAM
STREET ADDRESS	250 S. AUSTRALIAN AVE., SUITE 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	SCHLESINGER, JASON
STREET ADDRESS	250 S. AUSTRALIAN AVE., SUITE 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 Member