
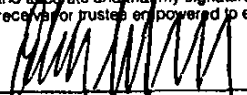


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90170 047 ***138.75

| | | | |
|--|--|--|--|
| DOCUMENT # M07000000278 1. Entity Name CSC MAYFAIR LAND GP, LLC | |  | |
| Principal Place of Business 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401 | | Mailing Address 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401 | |
| 2. Principal Place of Business - No P.O. Box # 1801 S. Australian Ave Suite, Apt. #, etc. | | 3. Mailing Address 1801 S. Australian Ave Suite, Apt. #, etc. | |
| City & State West Palm Beach FL Zip 33409 Country | | City & State West Palm Beach FL Zip 33409 Country | |
| 4. FEI Number 20-8216700 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCHLESINGER, ADAM 777 S. FLAGLER BEACH DRIVE, SUITE 215-E WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 S. Australian Ave West Palm Beach FL 33409 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCHLESINGER, JASON 777 S. FLAGLER BEACH DRIVE, SUITE 215-E WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 S. Australian Ave West Palm Beach FL 33409 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes. | | | |
| SIGNATURE:  Adam Schlesinger | | Date 2/28/08 Daytime Phone # | |

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02282008 Chg-LLC CR2E083 (12/06)