

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90272 042 ***138.75

DOCUMENT # M07000001765

1. Entity Name
CSH OPERATOR GP LLC



Principal Place of Business
100 MILVERTON DRIVE, UNIT 700
MISSISSAUGA, ONTARIO
CANADA L54 4H1, XX

Mailing Address
100 MILVERTON DRIVE, UNIT 700
MISSISSAUGA, ONTARIO
CANADA L54 4H1, XX

60014609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8671303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

(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	President	<input type="checkbox"/> Delete
NAME	Stephen Suske	
STREET ADDRESS	100 Milverton Drive, Unit 700	
CITY - ST - ZIP	Mississauga, Ontario, Canada L54 4H1	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Robert Ezer	
STREET ADDRESS	100 Milverton Drive, Unit 700	
CITY - ST - ZIP	Mississauga, Ontario, Canada L54 4H1	
TITLE	Senior Vice President	<input type="checkbox"/> Delete
NAME	Leslie Veiner	
STREET ADDRESS	100 Milverton Drive, Suite 700	
CITY - ST - ZIP	Mississauga, Ontario, Canada L54 4H1	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	Vlad Volodarsky	
STREET ADDRESS	100 Milverton Drive, Suite 700	
CITY - ST - ZIP	Mississauga, Ontario, Canada L54 4H1	
TITLE	Chief Operating Officer	<input type="checkbox"/> Delete
NAME	Cam Crawford	
STREET ADDRESS	100 Milverton Drive, Suite 700	
CITY - ST - ZIP	Mississauga, Ontario, Canada L54 4H1	
TITLE	VP Real Estate Finance	<input type="checkbox"/> Delete
NAME	Terry Ploen	
STREET ADDRESS	100 Milverton Drive, Suite 700	
CITY - ST - ZIP	Mississauga, Ontario, Canada L54 4H1	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 608, Florida Statutes.

SIGNATURE:

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

Secretary

Date

Daytime Phone #

Jan 09/08 905-501-9219