




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000502					
1. Entity Name CSC II, L.L.C.				<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-15deg);">05 APR 14 AM 8:45</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-15deg);">SECRETARY OF STATE TALLAHASSEE, FL 32399</div>  <div style="margin-top: 10px;"> 04072005 Chg-LLC CR2E083 (10/03) </div>	
Principal Place of Business 5080 SPECTRUM DRIVE, SUITE 1050-E ADDISON, TX 75001		Mailing Address 5080 SPECTRUM DRIVE, SUITE 1050-E ADDISON, TX 75001			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 75-2764083				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, TIMOTHY B 5080 SPECTRUM DRIVE, SUITE 1050-E ADDISON, TX 75001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOYL, RON J 5080 SPECTRUM DRIVE, SUITE 1050-E ADDISON, TX 75001	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINICK, ROBIN K 5080 SPECTRUM DRIVE, SUITE 1000-E ADDISON, TX 75001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 				4-7-05 972-980-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

Timothy B. Smith, Manager