FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -6 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

CSC PALM VILLAGE, LTD.

1a. DOCUMENT # A93000001309

Mailing Address
250 AUSTRALIAN AVENUE SOUTH
SUITE 1003
WEST PALM BEACH FL 33401

Principal Office Address
250 AUSTRALIAN AVENUE SOUTH
SUITE 1003
WEST PALM BEACH FL 33401

3. Date Formed or Registered: 12/09/1993

3a. Date of Last Report: 12/11/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $10,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 10,000.

2. Mailing Address	**2a.** Principal Office Address
c/o Daryl Cramer, P.A.	c/o Daryl Cramer, P.A.
Suite, Apt. #, etc. 515 N. Flagler Drive, Suite910	Suite, Apt. #, etc. 515 N. Flagler Dr., Suite910
City & State W.P.B., Florida	City & State W.P.B., Florida
Zip 33401 Country U.S.	Zip 33401 Country U.S.

6. FEI Number: 11-3192122 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired [X] $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

CF 158.75
CUS 8.75

9. Name and Address of Current Registered Agent

SCHLESINGER, RICHARD
801 SOUTH COUNTY ROAD
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name: Daryl B. Cramer, P.A.
Street Address (P.O. Box Number Is Not Acceptable): 515 N. Flagler Drive
Suite, Apt. #, etc.: Suite 910
City: West Palm Beach, FL Zip Code: 33401

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE 1/22/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
CEEBRAID-SIGNAL KYMFA CORPOR	~~250 AUSTRALIAN AVENUE~~ 515 N. Flagler Drive #910	WEST PALM BEACH FL 33	P93000062338

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By: Ceeraid-Signal KYMFA Corporation DATE 3/29/99

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (561) 659-7005

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