

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002753 MB

DOCUMENT # B01000000051

1. Entity Name  
CSM-HOLLYWOOD EQUITIES, L.P.



FILED

2004 SEP 10 P 12:40

SECRETARY OF STATE



Principal Place of Business  
C/O RABINA REALTY  
670 WHITE PLAINS ROAD  
SCARSDALE NY 10583

Mailing Address  
C/O RABINA REALTY  
670 WHITE PLAINS ROAD  
SCARSDALE NY 10583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number 22-3779226

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 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.

DATE

9. Capital Contributions as Shown on record. \$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F01000000739  
NAME CSM-HOLLYWOOD EQUITIES, INC.  
STREET ADDRESS 670 WHITE PLAINES ROAD  
CITY-ST-ZIP SCARSDALE NY 10583

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F01000000740  
NAME CSM-HOLLYWOOD REALTY CORP.  
STREET ADDRESS 455 CENTRAL PARK AVENUE., STE. 308  
CITY-ST-ZIP SCARSDALE NY 10583

STREET ADDRESS

CITY-ST-ZIP

900021783839  
07/25/03--01022--004 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400011124794

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

01/28/03 01029 019 \$526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT

03-04

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Signature

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/21/03

914-722-4400

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE