

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000051 1. Entity Name CSM-HOLLYWOOD EQUITIES, L.P.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-3779226	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,100,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		STREET ADDRESS		
NAME	CSM-HOLLYWOOD EQUITIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	670 WHITE PLAINES ROAD				
CITY-ST-ZIP	SCARSDALE, NY 10583				
DOCUMENT #	F01000000740		STREET ADDRESS		
NAME	CSM-HOLLYWOOD REALTY CORP.		CITY-ST-ZIP		
STREET ADDRESS	455 CENTRAL PARK AVENUE., STE. 308				
CITY-ST-ZIP	SCARSDALE, NY 10583				
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STREET ADDRESS					
CITY-ST-ZIP					
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 820, Florida Statutes					
SIGNATURE: _____			Date: 2/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: 914-722-4400		

STAPLE CHECK HERE