2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0400000362

Entity Name: CSMB ASSOCIATES, LTD.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

355 ALHAMBRA CIRCLE, STE. 900 355 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 SUITE 900

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

355 ALHAMBRA CIRCLE, STE. 900 355 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

SUITE, 900

CORAL GABLES, FL 33134

FEI Number: 34-1988708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONN, KOLLEEN O.P. COBB, KOLLEEN O.P. 355 ALHAMBRA CIRCLE 355 ALHAMBRA CIRCLE, STE. 900

CORAL GABLES, FL 33134 SUITE. 900 CORAL GABLES, FL 33134 US

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.

SIGNATURE: KOLLEEN COBB 04/27/2005

> Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 7,520,000.00

Amount of Capital Contributions in Florida to date: 7,520,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: P04000040527 CSMB GP, INC. Name:

355 ALHAMBRA CIRCLE, STE. 900 Address: 355 ALHAMBRA CIRCLE, SUITE 900 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KOLLEEN COBB 04/27/2005