

2009 LIMITED PARTNERSHIP REINSTATEMENT

FILED

09 JUN -9 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A06000001430

1. Entity Name
CSC MAYFAIR OWNER LIMITED PARTNERSHIP, LLLP



Principal Place of Business
250 S AUSTRALIAN AVE STE 1003
WEST PALM BEACH, FL 33401

Mailing Address
250 S AUSTRALIAN AVE STE 1003
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
1801 S. Australian Ave
Suite, Apt. #, etc.

3. Mailing Address
1801 S. Australian Ave
Suite, Apt. #, etc.

City & State
West Palm Beach

City & State
West Palm Beach FL

Zip
33409

Country
USA

Zip
33409

Country

04232009 REIN-LP CR2E100 (1/07)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.183(2)(b), F.S., the limited partnership did not receive the prior notice.

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

DOCUMENT # M06000006747
NAME CSC MAYFAIR GP, LLC
STREET ADDRESS 250 S AUSTRALIAN AVE STE 1003
CITY-ST-ZIP WEST PALM BEACH, FL 33401

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1801 S. Australian Ave
CITY-ST-ZIP West Palm Beach FL 33409

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

L. SELLERS

JUN 10 2009

EXAMINER

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

STAPLE CHECK HERE