

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30427**

1. Entity Name  
**CEEBRAID-SIGNAL MANAGEMENT GROUP, LTD.**



Principal Place of Business  
**40 RANDALL AVENUE  
FREEPORT, NY 11520**

Mailing Address  
**40 RANDALL AVENUE  
FREEPORT, NY 11520**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**11-2975604**

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

**SCHLESINGER, RICHARD  
801 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480**

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. **\$4,600.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$4600**

**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 # **G93113000018**  
NAME **PRINCE REALTY TRUST**  
STREET ADDRESS **801 SOUTH COUNTY ROAD**  
CITY- ST- ZIP **PALM BEACH, FL**

STREET ADDRESS  
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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

Date

Daytime Phone #

**Prince II**  
**Jason Schlesinger, TTEE**

STAPLE CHECK HERE