


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>CSC INVERRARY GARDENS, LTD.</b>		1a. DOCUMENT # <b>A93000000358</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>04/12/1993</b>		3a. Date of Last Report <b>11/27/1996</b>	
4. State or Country of Formation <b>FL</b>		5a. Capital Contributions as Shown on record <b>\$9,000.00</b>	
5b. Amount of Capital Contributions in FLORIDA to date		6. FEI Number <b>11-3155153</b>	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent <b>CEEBRAID-SIGNAL CORPORATION 801 S COUNTY ROAD PALM BEACH FL 33480</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		11. Name(s) of General Partner(s) <b>CEEBRAID-SIGNAL CORPORATION</b>	
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>801 S. COUNTY ROAD</b>		11b. City, State & Zip Code <b>PALM BEACH FL 33480</b>	
11c. Registration/Document Number <b>P92000014772</b>		11d. City, State & Zip Code <b>PALM BEACH FL 33480</b>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE by X <i>Richard Schlesinger</i> Typed or Printed Name of General Partner Signing Form <b>Richard Schlesinger</b>		DATE _____ Daytime Telephone Number _____	

FILED  
97 DEC 11 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E003 (6/97)