


2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A93000000358			
1. Entity Name CSC INVERRARY GARDENS, LTD.			
Principal Place of Business 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL 33480		Mailing Address 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. \$9,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P00000065788	STREET ADDRESS	
NAME	CSC INVERRARY GARDENS GP CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH, SUITE 1003		
CITY-ST-ZIP	WEST PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

[Signature]

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)

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: by *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
JASON SCHLESINGER, Director

Date

Daytime Phone #