


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000000358</b>	
1. Entity Name <b>CSC INVERRARY GARDENS, LTD.</b>	

Principal Place of Business <b>250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL 33480</b>	Mailing Address <b>250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL 33480</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **11-3155153** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent <b>CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL 33480</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # .. <b>P00000065788</b>	NAME <b>CSC INVERRARY GARDENS GP CORPORATION</b>	STREET ADDRESS	
STREET ADDRESS <b>250 AUSTRALIAN AVE. SOUTH, SUITE 1003</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33480</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

**000000514639**  
**04/29/06-80182-004 500.00**

STAPLE CHECK HERE

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:** \_\_\_\_\_