

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 10 AM 10:08

DOCUMENT # A93000000398

1. Entity Name  
CSC WOODBRIDGE APARTMENTS, LTD.



Principal Place of Business  
250 AUSTRALIAN AVE. SOUTH  
WEST PALM BEACH, FL 33401

Mailing Address  
250 AUSTRALIAN AVE. SOUTH  
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052005 Chg-LP CR2E003 (10/03)

4. FEI Number  
11-3155147

Applied For  
Not Applicable

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

CEEBRAID-SIGNAL CORPORATION  
250 AUSTRALIAN AVE. SOUTH  
WEST PALM BEACH, FL 33401

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. \$9,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000065776  
NAME CSC WOODBRIDGE APARTMENTS GP CORPORATION  
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH, SUITE 1003  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

100055984601  
06/09/05--01074--003 \*\*151.75

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:

CSC Woodbridge Apts. GP Corp.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Jason Schlesinger, Director