2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

SHECK HERE

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A93000000398 1. Entity Name 08 JUN -2 PH 12: 38 CSC WOODBRIDGE APARTMENTS, LTD. Principal Place of Business Mailing Address 250 AUSTRALIAN AVE. SOUTH 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Boy 1801 S. Australian X 04102008 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 11-3155147 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable. 100130294091 05/28/08--01002--021 **5 FILE NOW!!! FEE IS \$500.00 ; After May 1, 2008, Fee will be \$900.00 **500.00 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. P00000065776 DOCUMENT # STREET ADDRESS NAME CSC WOODBRIDGE APARTMENTS GP CORPORATION STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH, SUITE 1003 CITY-ST-ZIP CIFY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY STAZIO CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT **∉** STREET ADORESS STREET ADDRESS CITY-ST-ZIP City - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ith this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership this eport as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and a or the receiver or trustee empower SIGNATURE: R PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #