## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9300000399** 

CSC REGENCY PLACE, LTD.

FILED 99 FEB 26 AM 10: 20



Mailing Address Principal Office Address  801 S. COUNTY ROAD 801 S. COUNTY ROAD		3		3. Date Formed or Registered 04/20/1993	5a. Capital Contributions as Shown on record \$9,000.00		
PALM BEACH FL 33480	PALM BEACH FL 33480			3a. Date of Last Report	42,000.00		
			12/11/1997		5b. Amount of Capital Contributions in FLORIDA to date		
2. Mailing Address 2a. Principal Office Address				4. Stale or Country of Formation			
Z. Mailing Address	Zd. Principal Office Address		ĺ	FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 22-3244684	Applied For Not Applicable  \$8.75 Additional Fee Required		
City & State	City & State			7. Certificate of Status Desired			
Zip Country	Zip Country						
					8. Make check payable to. Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
CEEBRAID-SIGNAL CORPORATION 801 S. COUNTY ROAD PALM BEACH FL 33480		Name					
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc					
							City
		for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED I				DATE	
MUS	T BE REGISTERED A	ND ACTIV	VE WI	TH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CEEBRAID-SIGNAL CORPORATION	801 S. COUNTY ROAD		-03/04/		P92000014772  P 9 5 1 0 6 8  7 9 5 01099 005  51 7 5 ****151.75		
•					3	3-99	
Note: General partners MAY NOT	be changed on this fo	rm; an ame	endme	nt must be filed to cha	nge a g	eneral partner.	
12. I do hereby certify that the information supplied with the	is filing is voluntarily furnished and does n				lutes. I release	the Division of Corporations	

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