

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000768

1. Entity Name

CSC TANGLEWOOD, LTD.

FILED

02 MAY -6 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

4. FEI Number 11-3155145

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$16,900,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$16,900,000.00

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 # P00000065796
NAME CSC TANGLEWOOD CP CORPORATION
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH, SUITE 1003
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

CSC Tanglewood CP Corp

SIGNATURE: by

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)