

A93000000768

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000193701 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : GREENBERG TRAUER (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 650-7900
Fax Number : (561) 655-6222

20821 115700

RECEIVED

05 AUG 12 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CSC UNION SQUARE, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

05 AUG 12 AM 10:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000193701 3

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CSC UNION SQUARE, LTD.

Name of the limited partnership

2. 07/27/93

Date of filing/registration in Florida

3. AB9000000768

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Central-Signal Corporation

Name

250 Australian Avenue South

Address

West Palm Beach, FL 33401

City, State and Zip

5. The name and address of the new registered agent and/or office:

NRM SERVICES, INC.

Name

2731 Executive Park Drive, Suite 4

Florida municipality (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

6. Such change(s) was/were authorized by the general partner.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6337, Tallahassee, FL 32314
Filing Fee: \$35.60

08/12/05 (3/05)

H05000193701 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 12 AM 10:32