


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:39

DOCUMENT # A93000000768	
1. Entity Name CSC UNION SQUARE, 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
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2. Principal Place of Business - No P.O. Box 1801 S. Australian Ave	3. Mailing Address 1801 S. Australian Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33409	Zip 33409
Country	Country

04102008 Chg-LP CR2E003 (12/06)



4. FEI Number 11-3155145	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33337

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$500.00.
After May 1, 2008, Fee will be \$900.00

400130293984
 05/28/08--01002--019 **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

DOCUMENT #	P00000065796
NAME	CSC UNION SQUARE GP CORP.
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	1801 S. Australian Ave
CITY-ST-ZIP	West Palm Beach FL 33409

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE