

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:41

DOCUMENT # A93000000864

1. Entity Name
 CEEBRAID-SIGNAL FLORIDA MANAGEMENT, LTD.



Principal Place of Business 250 AUSTRALIAN AVE., SO., 10TH FL, #1003 WEST PALM BEACH, FL 33401	Mailing Address 250 AUSTRALIAN AVE., SO., 10TH FL, #1003 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 1801 South Australian Ave	3. Mailing Address 1801 S Australian Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102008 Chg-LP CR2E003 (12/06)

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

4. FEI Number 11-3180696	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

SCHLESINGER, RICHARD
 801 SOUTH COUNTY ROAD
 PALM BEACH, FL 33480

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 _____

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

DATE _____

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

400130293234
 05/28/08--01002--006 **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 #	G93235900033
NAME	THE PRINCE REALTY TRUST NO. II
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
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CITY-ST-ZIP	

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	

BLT

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