

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001309

1. Entity Name
CSC PALM VILLAGE, LTD.

FILED

00 AUG -2 AM 7: 28

SECRETARY OF STATE



Principal Place of Business
% DARYL CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

Mailing Address
% DARYL CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401-4325

2. Principal Place of Business
% Daryl Cramer & Associates, P.A.

3. Mailing Address
%Daryl Cramer & Associates, P.A.

Suite, Apt. #, etc.
515 N. Flagler Dr, #910

Suite, Apt. #, etc.
515 N. Flagler Dr., #910

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number 11-3192122

Applied For
Not Applicable

Zip Country Zip Country
33401 U.S. 33401 U.S.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
515 N. Flagler Dr, #910
City West Palm Beach FL Zip Code 33401

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 DATE 7/14/00

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # | P93000062338 | STREET ADDRESS | |
| NAME | CEEBRAID-SIGNAL KYMFA CORPORATION | CITY - ST - ZIP | |
| STREET ADDRESS | 515 N. FLAGLER DR., #910 | | |
| CITY - ST - ZIP | WEST PALM BEACH FL 33401 | | |
| DOCUMENT # | | STREET ADDRESS | 400003349514--0 |
| NAME | | CITY - ST - ZIP | 08/08/00--01071--037 |
| STREET ADDRESS | | | ****935.00 ****935.00 |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| 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.

CEEBRAID-SIGNAL KYMFA CORPORATION

SIGNATURE: BY: DATE 5/18/00 X5618354003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/99)