## **2003 LIMITED PARTNERSH**

| UN   | IFORM BUSINE   | SS REPORT                       | (UBR              | )  |  |                                       |   |                             |  |
|--|--|---------------------------------|-------------------|--|--|---------------------------------------|---|-----------------------------|--|
| DOCU  1. Entity Nam  CSC PA  |  |                                 | 03 MAY -2 PM 2:21 |  |  |                                       |   |                             |  |
| Principal Place of Business C/O DARYL CRAMER & ASSOCIATES, P.A. C/O DARYL CRAMER & ASSOCIATES, P.A. C/O DARYL CRAMER & AS 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758 PALM BEACH GARDENS FL |  |                                 |                   |  |  | TAREA.                                |   | FEERTEA                     |  |
| Principal Place of Business     3. Mailing Address   |  |                                 |                   |  | }    <b>0</b>  | 10fp                                  | <b>                                    </b> |                             |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.             |                   |  | DUE BY MAY 1, 2003   |                                       |   |                             |  |
| City & Stat  | е  | City & State                    |                   |  | 4. FEI Numbe   | 11-3192122                            |   | Applied For Not Applicable  |  |
| Zip  | Country  | Zip                             | Country           |  | 5. Certificate of  | of Status Desired                     |   | 3.75 Additional<br>Required |  |
|  | 6. Name and Address of Current F                     | Registered Agent                |                   | 7. Name and Address of New Registered Agent        |  |                                       |   |                             |  |
| DADVI OF   | Name   | Daryl Cramer & Associates, P.A. |                   |  |  |                                       |   |                             |  |
| DARYL CRAMER & ASSOCIATES, P.A. 515 N. FLAGLER DR., SUITE 910  |  |                                 | Street A          | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |   |                             |  |
| WEST PAI   |  | 3801 PGA Boulevard              |                   |  |  |                                       |   |                             |  |
| ***************************************  | Suite 508  |                                 |                   |  |  |                                       |   |                             |  |
|  |  |                                 | City              | Palm   | n Beach G  | ardens                                | FL  | Zip Code<br>33410           |  |
|  | named entity submits this statement for              | the purpose of changing its re  | gistered office o |  |  |                                       | rida. Lam fam                               |                             |  |
| the obligat  | ions of registered agent.                            |                                 | Dary1             | вс   | ташот  | las                                   | 4/22  | 42                          |  |
| SIGNATURE -  | Daryr  | B. Cramer, / 1. 4/22/23         |                   |  |  |                                       |   |                             |  |
| 9. Capital Contributions as Shown on record.  \$180,000.00  10. Amount of Capital in FLORIDA to date   |  |                                 |                   | \$330,   | \$330,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE/REVERSE SIDE FOR FEE INFORMATION |                                       |   |                             |  |
|  | A GENERAL PARTNER TO<br>NOTE: General Partners MA    |                                 |                   |  |  | CTIVE WITH THE                        | S OFFICE.                                   |                             |  |
| 12. GENERAL PARTNER INFORMATION  |  |                                 | 13.               | ADDRESS CHANGES ONLY                               |  |                                       |   |                             |  |
| DOCUMENT #<br>NAME   | PARADISE CAY GENERAL PARTNER, INC.                   |                                 |                   | 3  | 801 PGA I  | Boulevard,                            | Suite 5                                     | 08                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 515 N. FLAGLER DR., #910<br>WEST PALM BEACH FL 33401 |                                 | City-St-Zip       | P  | alm Beach  | Gardens,                              | FL 3341                                     | 0-2758                      |  |
| DOCUMENT #<br>NAME   |  |                                 | STREET ADDRESS    |  |  | <del></del>                           |   |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | ı                               | CITY-ST-ZIP       |  |  |                                       |   |                             |  |
| DOCUMENT <b>#</b><br>NAME  |  |                                 | STREET ADDRESS    |  | በ ፡፡፡፡ ዘ ቋ ፡፡፡፡ ገ  | <u> </u>                              | · >===                                      | •                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                 | CITY-ST-ZIP       |  | 05/102/  | 0301119-                              | -011 **                                     | \$35.00                     |  |
| DOCUMENT #<br>NAME   |  |                                 | STREET ADDRESS    |  |  | · · · · · · · · · · · · · · · · · · · |   |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                 | CITY-ST-ZIP       |  |  |                                       |   |                             |  |
| DOCUMENT <b>#</b><br>NAME  |  |                                 | STREET ADDRESS    |  |  |                                       |   |                             |  |
| 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

> AUSAIURE Fabrizio Lucchese PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #