


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

| | |
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| DOCUMENT # A94000000381 1. Entity Name CSC VILLAGE CLUB APARTMENTS, LTD. |  |
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| Principal Place of Business 250 AUSTRALIAN AVE. S., 10TH FL, STE. WEST PALM BEACH FL 33401 | Mailing Address 250 AUSTRALIAN AVE. S., 10TH FL, STE. WEST PALM BEACH FL 33401 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E003 (10/05)

4. FEI Number **11-3194846** Applied For ☐ Not Applicable

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

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent CEEBRAID-SIGNAL YUFF CORPORATION 250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003 WEST PALM BEACH FL 33401 | | 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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP | P94000008234 CEEBRAID-SIGNAL YUFF CORPORATION 250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003 WEST PALM BEACH FL 33401 | STREET ADDRESS CITY-ST-ZIP | 000000514892 04/29/06-80185-023 500.00 |
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STAPLE CHECK HERE

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 # _____