

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 23, 2007 08:00 A
Secretary of State

| | |
|---|---|
| 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 - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

1st MOORE CR2E003 (10/06)

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|---|--------------------------------|
| 4. FEI Number 11-3194846 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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 |
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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, 2007, 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 | 1100000727106 05/04/07-80033-009 500.00 |
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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