

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:39

DOCUMENT # A94000000381

1. Entity Name
 CSC VILLAGE CLUB APARTMENTS, LTD.



Principal Place of Business
 250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003
 WEST PALM BEACH, FL 33401

Mailing Address
 250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003
 WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box
 1801 S. Australian Ave
 Suite, Apt. #, etc.

3. Mailing Address
 1801 S. Australian Ave
 Suite, Apt. #, etc.

04102008 Chg-LP CR2E003 (12/06)

City & State
 West Palm Beach FL West Palm Beach FL

Zip
 33409 33409

Country

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)
 1801 S. Australian Ave
 City West Palm Beach FL Zip Code 33409

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

600130294046
 05/28/08--01002--020 **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 # P94000008234
 NAME CEEBRAID-SIGNAL YUFF CORPORATION
 STREET ADDRESS 250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 1801 S. Australian Ave
 CITY-ST-ZIP West Palm Beach FL 33409

STREET ADDRESS
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 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 file 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