\$2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9400000381 **DOCUMENT #**

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

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TALLAHASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003						
City & State		City & State	City & State			4. FEI Number 11-3194846					
Zip Country Zip			Cou	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and	Address of New Regis	tered A	gent		
CEEBRAIL	D-SIGNAL Y	UFF CORPORATION			Name						
250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003					Street Address (P.O. Box Number is Not Acceptable)						
	LM BEACH									-	
اً ا					City			FL	Zip	Code	
8. he above ne obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of chang	ging its register	red office or regi	stered agent, or both	, in the State of Florida.	I am fa	miliar	with, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.	 -		· · · · · · · · · · · · · · · · · · ·		DATE		· · · · · ·	
Capital Contributions as Shown on record. Supplement of the special and the image of t				Contributions 11. MAKE CHECK PAYABLE TO FL.							
		GENERAL PARTNER T General Partners MA			<i>N</i> UST BE REG	ISTERED AND A					
12.		GENERAL PARTNER		13			ADDRESS CHANGE				
DOCUMENT #	P94000008	3234		-							
NAME CEEBRAID-SIGNAL YUFF CORPORATION			. STF	REET ADORESS	•						
STREET ADDRESS 250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003 WEST PALM BEACH FL 33401											
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14. I hereby o	ertify that the	information supplied with	this filing does not qua	alify for the exe	emption stated in	Section-1-19.07(3)(i)	, Florida Statutes-I furth	er certi	y that	the information	
indicated the receiv	on this report	information supplied with the true and accurate and empowered to execute this	tat my signature shall	I have the sam	e legal effect as Florida Statutes	if made under oath;	that I am a General Part	ner of th	ie limi	ted partnership o	

SIGNATURE: by:XIGNATING

Daytime Phone #