
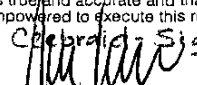


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 10 AM 10:08

DOCUMENT # A94000000382					
1. Entity Name CSC THE PINES OF VERO, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CEEBRAID-SIGNAL LB 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000.00			10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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 #	P94000008230		STREET ADDRESS		
NAME	CEEBRAID-SIGNAL LB CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	250 AUSTRALIAN AVE. S., 10TH FL, STE. 1003		CITY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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					
SIGNATURE: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jason Schlesinger, Director					

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