## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

1. Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra B Mostham Secretary of State

DIVISION OF CORPORATIONS

DIVISION OF CORPORATION

98 FEB 13 AMIN: 25

1. Name of Limited Partnership	1a. DOCUMENT # <b>A9500001800</b>	1 186(8)(1 18)(8 18)(8) (8)(1) (8)		
CSP DEERFIELD, LTD.		(202/1		
Mailing Address	Principal Office Address	3. Date Formedor Registered	<b>5a.</b> Capital Contributions as Shown on record.	
2830 N.W. 17TH TERRACE OAKLAND PARK FL 33311	2830 N.W. 17TH TERRACE OAKLAND PARK FL 33311	11/22/1995 38. Date of Last Report	\$100,000.00	
2. Mailing Address	28. Principal Office Address	01/02/1997  4. State or Country of Formation  FL	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0656931	· Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dep	t. of State (See reverse side for fee information)	
for the purpose of changing its registered office or magent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)	Street Add Suite, Apt.  City  E20.192, Fiorida Statutes, the above-named limited part agistered agent, or both, in the State of Florida. Such cha	unge was authorized by its general partner(s). I	FL Zip Code 3.344.2 of the State of Florida, submits this statement hereby accept the appointment of registered	
CSP DEVELOPMENT COMPANY, INC	2930 N.W. 17TH TERRAC	-02/1 **** 300002 -02/1 ****	P9400069903 2434623	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner

12, I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	=
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Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

ATE 1010718 / ber 954-484-6225 CRZEUMS (0/3/)