

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001800

1. Entity Name

CSP DEERFIELD, LTD.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 12: 03

Principal Place of Business  
1100 SOUTH POWERLINE RD., STE. 110  
DEERFIELD BEACH FL 33442

Mailing Address  
1100 SOUTH POWERLINE RD., STE. 110  
DEERFIELD BEACH FL 33442-8156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0656931		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CSP DEVELOPMENT COMPANY, INC. 1100 S. POWERLINE RD., STE. 110 DEERFIELD BEACH FL 33442				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.

SIGNATURE *[Signature]* DATE *2-28-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P94000069903	STREET ADDRESS	
NAME	CSP DEVELOPMENT COMPANY, INC.	CITY - ST - ZIP	
STREET ADDRESS	1100 SOUTH POWERLINE RD., STE. 110		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	<i>mf 3/15/00</i>
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	000003174750--4
NAME		CITY - ST - ZIP	-03/17/00 01000 006
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE *2-28-00* DAYTIME PHONE # *954-571-8740*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)