## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

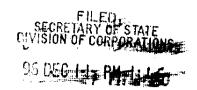
1. Name of Limited Partnership

CSC-NOB HILL, LTD.

SIGNATURE \_\_By:

Typed or Printed Name of General Pariner Signing Form Richard Schlesinger

1a. DOCUMENT # A96000001233





Mailing Address  250 Australian Avenue South. 10th Floor Suite 1003 West Palm Beach Fl 33401	Principal Office Address 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR SUITE 1003 WEST PALM BEACH FL 33401		OR	3, Date Formed or Registered 06/28/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$21,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation Contributions in FLORID.		ibutions in FLORIDA e:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	<u> </u>	Applied For Not Applicable
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country			Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee informat		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
CEEBRAID WINTER PARK CORPORATION 250 AUSTRALIAN AVENUE SOUTH, 10TH SUITE 1003 WEST PALM BEACH FL 33401	Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code					
agent + am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT		LIMITED	PAR1	NERSHIP OR OTHE		NESS ENTIT
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registration/ Document Number
CEEBRAID WINTER PARK CORPORA	EEBRAID WINTER PARK CORPORA 250 AUSTRALIAN AV		WEST PALM BEACH FL 33		P96000055183	
				30002 -12/12 ****2	0276 /9601 85.75	6 <b>736</b> 088001 ****285.75
Note: General partners MAY NOT	be changed on this for	rm: an am	endme	ent must be filed to ch	ange a c	eneral partne
12. I do hereby certify that the information supplied with to Corporations from any Lability of non-compliance with this art rual report is true and accurate and that my significant controls are supplied to the controls of the control of the	his filing is voluntarily furnished and does Section 119.07(3)(k) in the event that the	not qualify for the information sup	e exemption plied is dee	n stated in Section 119.07(3)(k), Florid med exempt from public access. I furl	a Statutes. I ret her certify that	ease the Division of the information indicated

CORPORATION, GENERAL PARTNER

Daytime Telephone Number