


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 26 AM 10:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership  CSC-NOB HILL, LTD.		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		3. Date Formed or Registered 06/28/1996	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0796206	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent CEEBRAID WINTER PARK CORPORATION 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR SUITE 1003 WEST PALM BEACH FL 33401		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) CEEBRAID WINTER PARK CORPORA		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 AUSTRALIAN AVENUE		11b. City, State & Zip Code WEST PALM BEACH FL 33	
				11c. Registration/ Document Number P96000055183 500002785195-0 03/04/99-01093-013 ****235.75 ****235.75 3.3-99	
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 by <u>Ceebraid Winter Park Corp., G.P.</u> <u>Richard Schlesinger</u> Typed or Printed Name of General Partner Signing Form					
Daytime Telephone Number _____					

CR2E003 (12/98)