

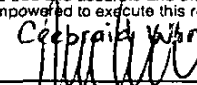


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 23 AM 9: 03

DOCUMENT # A96000001233					
1. Entity Name CSC-NOB HILL, LTD.					
Principal Place of Business 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR SUITE 1003 WEST PALM BEACH, FL 33401			Mailing Address 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR SUITE 1003 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0796206	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CEEBRAID WINTER PARK CORPORATION 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR SUITE 1003 WEST PALM BEACH, FL 33401			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. \$21,000.00		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.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000055183		STREET ADDRESS		
NAME	CEEBRAID WINTER PARK CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, 10 FL. ST. 1003				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Jason Schlesinger, Director					