

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001233

1. Entity Name  
CSC-NOB HILL, LTD.



FILED

03 MAY -2 PM 7:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*BMJH*

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0796206

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$21,000.00

10. Amount of Capital Contributions in FLORIDA to date. 21,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # P96000055183  
NAME CEEBRAID WINTER PARK CORPORATION  
STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH, 10 FL. ST. 1003  
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Ceebraid Winter Park Corp.

SIGNATURE: *by* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Jabon Schlesinger Director*

Date

Daytime Phone #

CR2E003 (10/02)