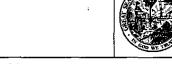
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED 03 MAY -2 PM 7: 52

SECRETARY OF STATE TALLAHASSEE FLORIDA

2. Principal Place of Business			3. 1	Mailing Address			-			
Suite, Apt. #, etc.				Suite, Apt. #, etc.	_		DUE BY MAY 1, 2003			
City & State				City & State			4. FÉI Number	4. FEI Number 65-0796206 App		
								03 0130200	Not Applicable	
Zip	Zip Country Zip				Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
CEEBRAID WINTER PARK CORPORATION						Name Street Address (P.O. Box Number is Not Acceptable)				
250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR						Chicarota (1.5. Box Hamber to 1007/dosphable)				
SUITE 10						1				
WEST PALM BEACH FL 33401						City FL Zip Code				
	named entity ions of regist		or the po	urpose of changing it	s register	ed office or regist	tered agent, or both	, in the State of Florida. I am fam	iliar with, and accept	
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 Capita in FLORIDA to da										
	NOTE:	General Partners Ma	AY NO	T be changed on t	NTITY M	IUST BE REGIS n; an amendme	STERED AND A ent must be filed	CTIVE WITH THIS OFFICE. I to change a general partne	er	
12.						13. ADDRESS CHANGES ONLY				
DOCUMENT #	P9600005		.	011	STRE	EET ADDRESS				
NAME										
STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH, 10 FL. ST. CITY-ST-ZIP WEST PALM BEACH FL 33401				FL. 51.1003	.1003 CITY					
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14. I hereby c	ertify that the	information supplied with	this fili	ng does not qualify fo	r the exe	mption stated in §	Section 119.07(3)(i)	, Florida Statutes. I further certify	that the information	

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 to execute this report as required by Chapter 620, Florida Statutes indicated on this report is true and accurate and the receiver or trustee empowered to execute the

Date

Davtime Phone #