

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA SECRETARY OF STATE  
Division of Corporations

A9900001330

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001330

1. Name of Limited Partnership

CSC Boynton Landing LTD

10/11/02

2. Principal Office Address  
c/o Investcorp  
280 Park Ave.  
Suite, Apt. #, etc.  
36 west

3. Mailing Office Address  
250 Australian Ave S.  
Suite, Apt. #, etc.  
Suite 1003

City & State  
New York, NY  
Zip 10011  
Country USA

City & State  
W. Palm Beach, FL  
Zip 33401  
Country USA

8. Name and Address of Current Registered Agent

Name  
Corporation Service Co.  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.

City  
Tallahassee  
State FL  
Zip Code 32301-2525

9. 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

CR2E039 (10/02)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
CEEINV I GP, LLC	c/o Investcorp 280 Park Ave 36 west	New York, NY 10011	M0100000156 1

REINSTATEMENT 2002  
BPL

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.

CEEINV I GP, LLC

SIGNATURE by:

DATE

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number \_\_\_\_\_