

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**

A 99000001330

FILED

02 DEC -5 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A99000001330**

1. Name of Limited Partnership

CSC Boynton Landing LTD

10/11/02

2. Principal Office Address

**410 Investcorp
280 Park Ave.**

Suite, Apt. #, etc.

36 West

City & State

New York, NY

Zip

10017

Country

USA

3. Mailing Office Address

250 Australian Ave S.

Suite, Apt. #, etc.

Suite 1003

City & State

W. Palm Beach, FL

Zip

33401

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

Aug 12, 1999

5. FEI Number

15-2832404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7a. Capital Contributions as shown on Record:

3,998,150.00

7b. Amount of Capital Contributions in FLORIDA to date:

3,998,150.00

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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

**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)

CEEINV I GP, LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**410 Investcorp
280 Park Ave
36 West**

City, State and Zip Code

**New York, NY
10017**

**10a. Registration
Document Number**

**10100000156
A**

**200009380172
12/05/02--01071--012 **1026.25**

REINSTATEMENT 2002

BR

BL

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

[Signature]

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR202039 (10/02)