

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002943 AV

DOCUMENT # B01000000047

1. Entity Name

CSC AUDUBON VILLAS LIMITED PARTNERSHIP

FILED

02 MAR 11 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

250 AUSTRALIAN AVE. SOUTH  
SUITE 1003  
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVE. SOUTH  
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, 2002

City & State

City & State

4. FEI Number

65-1054724

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

SCHLESINGER, ADAM  
250 AUSTRALIAN AVE. SOUTH  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$998.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$ 998.00

11. MAKE CHECK PAYABLE TO 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 # M01000000318  
NAME CSC AUDUBON VILLAS GP, LLC  
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH  
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M01000000234  
NAME TRANSWESTERN AUDUBON VILLAS GP, LLC  
STREET ADDRESS 150 N. WACKER DRIVE #800  
CITY-ST-ZIP CHICAGO IL 60606

STREET ADDRESS

CITY-ST-ZIP

000005108260--0

03/14/02-01058-007

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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

CSC Audubon Villas GP, LLC

SIGNATURE: by *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE