2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000047

1. Entity Name
CSC AUDUBON VILLAS LIMITED PARTNERSHIP

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

05052005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1054724
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $998.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	STREET ADDRESS	
NAME	CSC AUDUBON VILLAS GP, LLC		
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #	M01000000234	STREET ADDRESS	U00000369420 06/10/05-80006-013 141.25
NAME	TRANSWESTERN AUDUBON VILLAS GP, L.L.C.		
STREET ADDRESS	150 N. WACKER DRIVE #800	CITY-ST-ZIP	
CITY-ST-ZIP	CHICAGO, IL 60606		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Adam Schlesinger, Managing Member