

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000051 AV

DOCUMENT # B01000000047

1. Entity Name
CSC AUDUBON VILLAS LIMITED PARTNERSHIP



FILED

03 MAY -7 PM 1:30

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.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

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. 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. 998.00

11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	
NAME	CSC AUDUBON VILLAS GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #	M01000000234	STREET ADDRESS	
NAME	TRANSWESTERN AUDUBON VILLAS GP, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	150 N. WACKER DRIVE #800		
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

SIGNATURE: Adam Schleinger Managing Member

DATE: _____ DAYTIME PHONE # _____

CR2E003 (10/02)