

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B02000000082**

1. Entity Name  
**CSC BOCA 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**65-1110664**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$990.00**

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

DOCUMENT #  
NAME **CSC BOCA GP CORP.**  
STREET ADDRESS **250 AUSTRALIAN AVE. SOUTH, SUITE 1003**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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)(f), 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 Schlesinger*  
**Adam Schlesinger, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

6327

