


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JUN -2 PM 12:41

DOCUMENT # B02000000082 1. Entity Name CSC BOCA LIMITED PARTNERSHIP	
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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
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2. Principal Place of Business - No P.O. Box <i>1801 S. Australian Ave</i>	3. Mailing Address <i>1801 S. Australian Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102008 Chg-LP CR2E003 (12/06)

City & State <i>West Palm Beach FL</i>	City & State <i>West Palm Beach FL</i>
Zip <i>33409</i>	Country
Zip <i>33409</i>	Country

4. FEI Number 65-1110664	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
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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) <i>1801 S. Australian Ave</i> City <i>West Palm Beach</i> FL Zip Code <i>33409</i>
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

100130293341
 05/28/08--01002--009 **500.00

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 #	NAME	STREET ADDRESS	<i>1801 S. Australian Ave</i>
	CSC BOCA GP CORP.	CITY-ST-ZIP	<i>West Palm Beach FL 33409</i>
	250 AUSTRALIAN AVE. SOUTH, SUITE 1003		
	WEST PALM BEACH, FL 33401		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	

BLT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE