

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B04000000110

Entity Name: SCPLANTATION CB, L.P.

**FILED**  
**Apr 11, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

84 VIA FLORESTA DRIVE  
BOCA RATON, FL 33487

**New Principal Place of Business:**

100 WELFORD LANE  
SOUTHLAKE, TX 76092

**Current Mailing Address:**

84 VIA FLORESTA DRIVE  
BOCA RATON, FL 33487

**New Mailing Address:**

P. O. BOX 93183  
SOUTHLAKE, TX 76092

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEOPOLD, KAREN S ESQ  
20801 BISCAYNE BLVD, STE 501  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M04000001007  
Name: SCPLANTATION CB MGMT LLC  
Address: 84 VIA FLORESTA DRIVE  
City-St-Zip: BOCA RATON, FL 33487

**ADDRESS CHANGES ONLY:**

Address: P. O. BOX 93183  
City-St-Zip: SOUTHLAKE, TX 76092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES LEHMANN

MNGR

04/11/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date