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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)650-7900
Fax Number : (561)655-6222

FOREIGN LIMITED PARTNERSHIP

CSC BAYSIDE LIMITED PARTNERSHIP

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. CSC BAYSIDE LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. June 6, 2002 (Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. 1200 S. Pine Island Road
(Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Barbara A Burke
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
(Agent must sign on this line)

8. Corporation Trust Center, 1209 Orange Street
Wilmington, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

CSC Bayside GP Corporation — 250 S. Australian Avenue, Suite 1003

F04-1470 — West Palm Beach, FL 33401

10. 250 S. Australian Avenue, Suite 1003, W. Palm Beach, FL 33401
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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CONTINUED

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12. 250 S. Australian Avenue, Suite 1003

West Palm Beach, FL 33401

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16th day of March, 2004

General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 16th day of March, 2004

Adam Schlesinger personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of

(Notary Public Signature)

Dorothy J. Hitt
(Notary's Printed Name)

Seal My Commission Expires: 11-15-05

DOROTHY J. HITT
MY COMMISSION # DD 072111
EXPIRES: November 15, 2005

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Adam Schlesinger

a general partner of CSC Bayside Limited Partnership, a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 990.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16th day of March, 2004.

General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 16th day of March, 2004,

Adam Schlesinger, personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Dorothy J. Hitt

(Notary's Printed Name)

DOROTHY J. HITT
MY COMMISSION # DD 072111
EXPIRES: November 15, 2005
Bonding Thru Notary Public Underwriters

Seal My Commission Expires: 11-15-05

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