


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN 17 AM 9:47

DOCUMENT # B04000000139	
1. Entity Name CSC BAYSIDE I LIMITED PARTNERSHIP	

Principal Place of Business 250 S. AUSTRALIAN AVENUE, STE. 1003 WEST PALM BEACH, FL 33401	Mailing Address 250 S. AUSTRALIAN AVENUE, STE. 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.
City & State <i>West Palm Beach FL</i>	City & State <i>West Palm Beach FL</i>
Zip <i>33409</i>	Country



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number <i>20-0946027</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent 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.

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

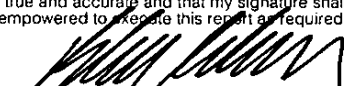
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05/28/08--01002--018 **500.00

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 CITY-ST-ZIP	F04000001863 CSC BAYSIDE I GP CORPORATION 250 S. AUSTRALIAN AVENUE, STE. 1003 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	<i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>
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B. Tadlock JUN 17 2008

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date _____ Daytime Phone # _____

STAPLE CHECK HERE.