

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN 27 AM 10:29

DOCUMENT # B05000000281

1. Entity Name
 CSC PEMBROKE LAND LIMITED PARTNERSHIP



Principal Place of Business
 250 S. AUSTRALIAN AVE. SUITE 1003
 WEST PALM BEACH, FL 33401

Mailing Address
 250 S. AUSTRALIAN AVE. SUITE 1003
 WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box
 1801 S. Australian Ave
 Suite, Apt. #, etc.

3. Mailing Address
 1801 S. Australian Ave
 Suite, Apt. #, etc.



04142008 Chg-LP CR2E003 (12/06)

City & State
 West Palm Beach FL
 Zip 33409 Country

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 West Palm Beach FL
 Zip 33409 Country

4. FEI Number
 APPLIED FOR 20-2896471
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

600130293626
 05/28/08--01002--012 **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

DOCUMENT # F05000003661
 NAME CSC PEMBROKE LAND GP CORPORATION
 STREET ADDRESS 250 S. AUSTRALIAN AVE. SUITE 1003
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1801 S. Australian Ave
 CITY-ST-ZIP West Palm Beach FL 33409

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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 #

Applied For

STAPLE CHECK HERE