


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:40

DOCUMENT # B05000000293 1. Entity Name CSC LAKE WORTH LIMITED PARTNERSHIP	
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Principal Place of Business 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	Mailing Address 250 S. AUSTRALIAN AVENUE, SUITE 1003 W. PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>1801 S. Australian Ave</i> Suite, Apt. #, etc. City & State <i>West Palm Beach FL</i> Zip <i>33409</i>
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04142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3080083	Applied For <input 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 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
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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

700130293797
 05/28/08--01002--016 **\$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 # F05000003850 NAME CSC LAKE WORTH GP CORPORATION STREET ADDRESS 250 S. AUSTRALIAN AVENUE, SUITE 1003 CITY-ST-ZIP WEST PALM BEACH, FL 33401	STREET ADDRESS <i>1801 S. Australian Ave</i> CITY-ST-ZIP <i>West Palm Beach FL 33401</i>
DOCUMENT # M05000003862 NAME LAKE WORTH HOTEL, LLC STREET ADDRESS 280 PARK AVENUE, 37TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017	STREET ADDRESS CITY-ST-ZIP
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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 # _____

STAPLE CHECK HERE