

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:42

DOCUMENT # B05000000356

1. Entity Name
 CSC PB BEACH LIMITED PARTNERSHIP



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

04142008 Chg-LP CR2E003 (12/06)

City & State <i>West Palm Beach FL</i>	City & State <i>West Palm Beach FL</i>
Zip <i>33409</i>	Zip <i>33409</i>
Country	Country

4. FEI Number 20-3292911	Applied For <input type="checkbox"/> Not Applicable
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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

Signature, typed or printed name of registered agent and title if applicable.

DATE
 000130293680

05/28/08--01002--013 **\$500.00

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

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 #	F05000004782
NAME	CSC PB BEACH GP CORPORATION
STREET ADDRESS	250 S. AUSTRALIAN AVENUE, SUITE 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

DOCUMENT #	M05000004898
NAME	OCPB HOTEL, LLC
STREET ADDRESS	280 PARK AVE., 37TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

BLT

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