2008 LIMITED PARTNERSHIP ANNUAL REPÓRT Due By May 1, 2008

- · STAPLE CHECK HERE

Due by May 1, 2000					SECRETARY OF STATE	
DOCUMENT # B0600000297					DIVISION OF CORPORATIONS	
1. Entity Name CSC 1801 LIMITED PARTNERSHIP						
OGG TOOT ENWITED TAKING KIND					08 JUN 17 AM 9: 47	
Principal Place of Business Mailing Address						
	RALIAN AVENUE, SUITE 1003 Beach, Fl. 33401	250 S. AUSTRALIAN AVE West Palm Beach, Fl	IE 1003			
Principal Place of Business - No P.O. Box # 3. Mailing Address /						
1801 S. Hustralian Hue 1801 S. Hustralia				Hue	i (SBCIBA IBIN BRIN BIKIN BBIKI BBIN BBIN BBIN BBIN BBIN	
Suite, Apt. #, etc. Suite, Apt. #, etc.					04142008 Chg-LP CR2E003 (12/06)	
, City & State / / P				2	4. FEI Number 20-4914720 Applied For	
West Palm Beach FL West Palm &				,	APPLIED FOR Not Applicabl	
3340	09 Country	2°33409	Country		5. Certificate of Status Desired See Required \$8.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY				Name		
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32301-2525				-		
				City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its registered office.						
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE						
100130293751						
FILE NOW!!! FEE IS \$500.00 05/28/0801002015 **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 / F06000004918 STREE				ADDRESS / X/	1 S. Australian Live	
NAME CSC 1801 GP CORPORATION STREET ADDRESS 250 S. AUSTRALIAN AVENUE, SUITE 1003				100		
CITY-ST-ZIP	WEST PALM BEACH, FL 3340	1	CITY-ST	wes wes	TPalm Beach FL 33409	
DOCUMENT / NAME			STREET	ADDRESS		
STREET ADDRESS			CITY-ST	r. 710		
CITY-ST-ZIP			GH1-31	-216		
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STREET ADDRESS CITY-ST-ZIP	1		CITY-ST	-ST-ZIP B TRADOCCI IIIN 1 7 2008		
DOCUMENT #			-		B THUIS	
NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	r-ZIP		
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 TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #						
Applied For						
•	Yr '					