

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # B06000000297

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

3. Mailing Address
18015 Australian Ave
Suite, Apt. #, etc.

City & State West Palm Beach FL

Zip 33409 Country _____

04142008 Chg-LP CR2E003 (12/06)

4. FEI Number	20-4974820	Applied For
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

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 _____

FILE NOW!!! FEE IS \$500.00

After May 1, 2008, Fee will be \$900.00

100130293751
05/28/08--01002--015 **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 #	F06000004918
NAME	CSC 1801 GP CORPORATION
STREET ADDRESS	250 S. AUSTRALIAN AVENUE, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY - ST - 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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone # _____

Applied For