# 2008 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

DOCUMENT #: B07000000013

1. Entity Name
CSC MAYFAIR LAND LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 250 S. AUSTRALIAN AVENUE, SUITE 1003<br>WEST PALM BEACH, FL 33401 | 250 S. AUSTRALIAN AVENUE, SUITE 1003<br>WEST PALM BEACH, FL 33401 |

02282008 Chg-LP CR2E003 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1801 S. Australian Ave | 1801 S. Australian Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: West Palm Beach FL | City & State: West Palm Beach FL |
| Zip: 33409 Country: | Zip: 33409 Country: |

4. FEI Number — [X] Applied For [ ] Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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**

**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 # | M07000000278 | STREET ADDRESS | 1801 S. Australian Ave |
| NAME | CSC MAYFAIR LAND GP, LLC | CITY-ST-ZIP | West Palm Beach, FL 33409 |
| STREET ADDRESS | 250 S. AUSTRALIAN AVENUE, SUITE 1003 | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 300122940832 |
| NAME | | CITY-ST-ZIP | 04/17/08--01057--001 **500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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] Adam Schlesinger 2/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #