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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

NING GENERAL PARTN

## FILED DOCUMENT # B0700000107 1. Entity Name CSH LAKE ORIENTA LP 08 FEB 14 AM 11: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 100 MILVERTON DRIVE, UNIT 700 100 MILVERTON DRIVE, UNIT 700 MISSISSAUGA, ONTARIO MISSISSAUGA, ONTARIO CANADA L54 4H1, CANADA L54 4H1, 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-LP CR2E003 (12/96) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **C T CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 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 ADDRESS CHANGES ONLY M07000001765 DOCUMENT # STREET ADDRESS **CSH OPERATOR GP LLC** NAME STREET ADDRESS 100 MILVERTON DRIVE, UNIT 700 CITY-ST-ZIP CITY-SI-ZIP MISSISSAUGA, ONT., CANADA. 900118148389 02/15/08--01036--008 \*\*50 DOCUMENT # STREET ADDRESS \*\*500.00 NAME STREET ADDRESS CITY-ST-71P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS SI\_t ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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