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DOCUMENT # B9700000036 1. Entity Name							- nf			
CEEBRAID-SIGNAL PORTFOLIO ! LIMITED PARTNERSHIP							FILED . U			
Principal Place of Business Mailing Address							01 FEB 19 AM 10: 46			
250 AUSTRALIAN AVE SOUTH 250 AUSTRALIAN AVE SOU WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401							SECRETARY OF STATE			
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						TALLAHASSEE ELORIDA			ORIDA Al iani in ii anii anii anii anii anii anii	
2. Principal Place of Business 3. Mailing				failing Address			1 I LODISOT IBIO TRIIF IDAKI DORIN BONIH DONIN BONIN BONIN BONIN BRITA FINKE DKIN KORK			
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State				City & State			4. FEI Number	65-0736638	Applied For Not Applicable	
Zip	Zip Country		Z	ip	Coun	itry	5. Certificate o	Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY						Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301-2525										
INCLAIMAGEL I E SESSITESES						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.									a.	
SIGNATURE										
9. Capital Contributions 67 000 004 00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE										
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 # F9700000360						EET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME STREET ADDRESS	200 ADDITULATE ATE., ODDITE					-ST-ZIP	A PARAMETER			
OOCUMENT #	TIEGI I ALM BEAGITTE GOTOT							•		
NAME STREET ADDRESS	OLY PALM, L.P. 200 CRESCENT COURT, SUITE 1650 DALLAS TX 75201					EET ADDRESS	4000037459142			
CITY-ST-ZIP					CITY	-ST-ZIP	-02/21/0191033016 ****526.25 ****\$26.25			
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DOCUMENT # NAME						EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a quired by Chapter 620, Florida Statutes										
Club at winter Park Corp.										
SIGNATURE: Date Daytime Phone #										
Jason Buhlesinger, Director										