

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 26 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000206

CSC TRADEPORT LIMITED PARTNERSHIP



ef 1/8

Mailing Address
**2 ALHAMBRA PLAZA, PH 2
CORAL GABLE FL 33146**

Principal Office Address
**2 ALHAMBRA PLAZA, PH 2
CORAL GABLE FL 33146**

3. Date Formed or Registered

04/28/1997

5a. Capital Contributions as Shown on record

\$100.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

\$0.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0749211

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**STÖTZER, THEODORE R ESQ.
200 S. PARK ROAD, #200
HOLLYWOOD FL 33021**

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

**SC GENERAL PARTNER
COLONY CSC GENPAR, LLC**

**2 ALHAMBRA PLAZA, PH
1999 AVENUE OF THE ST**

**CORAL GABLES FL 33146
LOS ANGELES CA 90067**

**G97118900009
M97000000736**

**200002396152--5
-01/09/98--01107--005
****165.00 ****165.00**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

BY: **SC General Partner, BY: West Dade Tradeport, Inc.**

SIGNATURE

DATE

10/3/97

Typed or Printed Name of General Partner Signing Form

Henry Befeler, Vice President

Daytime Telephone Number

305/520-2317

CR25003 (6/97)