APR-25-2000 11:19 FROM CEEBRAID WPB TO FREEPORT P.03

DOCUMENT # B99000000113

1. Entity Name

CSC PALM BEACH LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 37

Principal Place of Business	Mailing Address
250 AUSTRALIAN AVENUE SOUTH, #1003 WEST PALM BEACH FL 33401	250 AUSTRALIAN AVENUE SOUTH, #1003 WEST PALM BEACH FL 33401-5014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0900277 ☐ 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
SCHLESINGER, ADAM 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH FL 33401	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.

SIGNATURE ____________________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $1,000.00

10. Amount of Capital Contributions in FLORIDA to date. [redacted]

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 #	F99000001288	STREET ADDRESS	
NAME	CSC PALM BEACH GP CORPORATION		
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, #1003		000003386310 -- 1
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	-04/04/00--90101--025 ****291.25 ****141.25
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-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 required by Chapter 620, Florida Statutes

CSC Palm Beach GP Corp

SIGNATURE: by SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Adam Schlesinger, Pres