
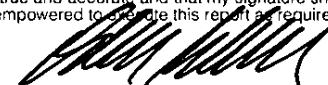


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JUN -2 PM 12:40

DOCUMENT # B99000000113 1. Entity Name CSC PALM BEACH LIMITED PARTNERSHIP			
Principal Place of Business 250 AUSTRALIAN AVENUE SOUTH, #1003 WEST PALM BEACH, FL 33401		Mailing Address 250 AUSTRALIAN AVENUE SOUTH, #1003 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 1801 S. Australian Ave Suite, Apt. #, etc.		3. Mailing Address 1801 S. Australian Ave Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33409		Zip 33409	
Country		Country	
6. Name and Address of Current Registered Agent SCHLESINGER, ADAM 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 S. Australian Ave City West Palm Beach FL Zip Code 33409	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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 #	F99000001288	STREET ADDRESS	1801 S. Australian Ave
NAME	CSC PALM BEACH GP CORPORATION	CITY - ST - ZIP	West Palm Beach FL 33409
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, #1003	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #



04102008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0900277
 Applied For
 Not Applicable

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

STAPLE CHECK HERE

BLT