

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000113

1. Entity Name
CSC PALM BEACH LIMITED PARTNERSHIP



FILED

03 MAY -5 PM 5:05

FILED

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0900277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

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)

700018003697

05/05/03--01045--009 **141.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME CSC PALM BEACH GP CORPORATION
STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH, #1003
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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

SIGNATURE: by CSC Palm Beach GP Corp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Adam Schlesinger, Pres.

Date

Daytime Phone #

CR2E003 (10/02)

0008119 AV