2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trus if changed, or on an attachment with

SIGNATURE AND

SIGNATURE:

FILED Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # F05000004780 1. Entity Name CSC FORT LAUDERDALE BEACH GP CORPORATION Mailing Address Principal Place of Business 250 S. AUSTRALIAN AVENUE, SUITE 1003 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc tst MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 20-3300790 Not Applicat? Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete THLE ☐ Change Adias ... TITLE NAME NAME SCHLESINGER, ADAM STREET ADDRESS 250 S. AUSTRALIAN AVENUE, SUITE 1003 STREET ADDRESS Linguistate 12! CHY-ST-ZIF -CITY-ST-ZIP WEST PALM BEACH FL 33401 <u> 14724206-80064-021</u> 15A AG DVP ☐ Delete ☐ Change Admin TITLE TITLE SCHLESINGER, JASON NAME MAME STREET ADDRESS STREET ADDRESS 250 S. AUSTRALIAN AVENUE, SUITE 1003 CITY - ST - ZIP WEST PALM BEACH FL 33401 CITY - ST - ZIP Dalcte Ad in TITLE THILE Change NAME NAME STREET ADDRESS STREE! ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Additio TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Adaliii NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change □ Ad : NAME NAME STREET ADDRESS STREET ADDRESS CHTY-SI-ZIP CHY-ST-ZIP with this living does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director impowers of the this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 I hereby certify that the information supplied indicated on this report or supplemental report

e empowered.

ME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #