

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000645

1. Entity Name

SRA/PARADYNE, LTD.

Principal Place of Business

5345 PINE TREE DR
MIAMI BEACH FL 33140

Mailing Address

5345 PINE TREE DR
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0997782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
WHITE & CASE LLP
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Stein Clifford M.

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

5345 Pine Tree Dr.

City Miami Beach

FL

Zip Code 33140

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.

4/24/02
DATE

9. Capital Contributions
as Shown on record.

\$19,546,432.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P00000037786
NAME SRA/PARADYNE, INC.
STREET ADDRESS 5345 PINE TREE DR
CITY-ST-ZIP MIAMI BEACH FL 33140

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3058661546

4/24/02

Date

Daytime Phone #

FILED

02 APR 29 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (9/01)