2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

2005 ...
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001011

1. Entity Name
CTA LAND HOLDINGS, LTD.

Principal Place of Business	Mailing Address
225 NE MIZNER BLVD., STE. 200 BOCA RATON, FL 33432	225 NE MIZNER BLVD., STE. 200 BOCA RATON, FL 33432

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

04132005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1018342 — 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
GRAGG, K. LAWRENCE ESQ WHITE & CASE LLP 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	0.00

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 #	L00000007275	STREET ADDRESS	
NAME	CTA LAND HOLDINGS LLC		
STREET ADDRESS	225 NE MIZNER BLVD., STE. 200	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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] 4/25/05 (561) 395-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #