2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
03 APR -2 AM 10:50
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # A00000001011

1. Entity Name
CTA LAND HOLDINGS, LTD.

Principal Place of Business	Mailing Address
433 PLAZA REAL SUITE 335 BOCA RATON FL 33432	433 PLAZA REAL SUITE 335 BOCA RATON FL 33432

2. Principal Place of Business		3. Mailing Address	
225 NE Mizner Blvd.		225 NE Mizner Blvd.	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Boca Raton, FL		City & State: Boca Raton, FL	
Zip: 33432	Country:	Zip: 33432	Country:

DUE BY MAY 1, 2003

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	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 # NAME STREET ADDRESS CITY-ST-ZIP	L00000007275 CTA LAND HOLDINGS LLC 433 PLAZA REAL SUITE 335 BOCA RATON FL 33432	STREET ADDRESS CITY-ST-ZIP	225 NE Mizner Blvd. Suite 200 Boca Raton, FL 33432
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CR2E003 (10/02)

STAPLE CHECK HERE

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 REQUIRED 2/26/03 (561) 395-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #