

2000 UNIFORM BUSINESS REPORT (UBR)

0004439 JV

APPROVED
AND
FILED

00 APR -6 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001310
Entity Name
 CENTER COURT ASSOCIATES, LTD.

Principal Place of Business 2121 PONCE DE LEON BLVD., PENTHOUSE II
 CORAL GABLE FL 33134
Mailing Address 2121 PONCE DE LEON BLVD., PENTHOUSE II
 CORAL GABLE FL 33134-5224

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 65-0630920
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WOLFE, LEON J ESQ.
 100 S.E. 2ND STREET, SUITE 3500
 MIAMI FL 33134

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$6,220,000.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A96000001457 CORNERSTONE CENTER COURT, LTD. 3225 AVIATION AVENUE, #700 COCONUT GROVE FL 33133	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000000527 DEEDCO CENTER COURT, INC. 141 N.E. 3RD AVENUE, SUITE 500 MIAMI FL 33132	STREET ADDRESS CITY - ST - ZIP	7000003216987--5 -04/20/00--01088--014 ***535.00 ***535.00
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 2-15-00 Daytime Phone #: 305-443-8288

CR2E003 (9/99)