

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A98000000118
Entity Name	SRA/BUILDING 051, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:02

Principal Place of Business	Mailing Address
5345 PINE TREE DRIVE MIAMI BEACH FL 33140	5345 PINE TREE DRIVE MIAMI BEACH FL 33140-2143



Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number	65-0817030	Applied For
		Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STEIN, CLIFFORD M 5345 PINE TREE DRIVE MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Capital Contributions as Shown on record.	\$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000003213	STREET ADDRESS	inf 3121100
MEET ADDRESS	SRA/BUILDING 051 CORP.	CITY - ST - ZIP	
Y - ST - ZIP	5345 PINE TREE DRIVE		
	MIAMI BEACH FL 33140		
DOCUMENT #		STREET ADDRESS	
MEET ADDRESS		CITY - ST - ZIP	
Y - ST - ZIP			
DOCUMENT #		STREET ADDRESS	8000003179438-3
MEET ADDRESS		CITY - ST - ZIP	-03/22/00--01026--026
Y - ST - ZIP			***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	
MEET ADDRESS		CITY - ST - ZIP	
Y - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
MEET ADDRESS		CITY - ST - ZIP	
Y - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
MEET ADDRESS		CITY - ST - ZIP	
Y - ST - ZIP			

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	1/7/00	305-866-1546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

CR2E003 (9/99)