

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000474**

1. Entity Name

SRAC Management, LP

FILED

01 JUN -7 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **200 S. Andrews Ave. Ft. Lauderdale, FL 33301**
Mailing Address: **200 S. Andrews Ave. Ft. Lauderdale, FL 33301**

2. Principal Place of Business: Suite, Apt. #, etc. **11th floor**
3. Mailing Address: Suite, Apt. #, etc. **11th floor**
City & State: _____
Zip: _____ Country: _____

DO NOT WRITE IN THIS SPACE

4. FEI Number **522207169** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **990.00** 10. Amount of Capital Contributions in FLORIDA to date. **990.00**

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 #	F99000006738
NAME	SRAC-GP, Inc.
STREET ADDRESS	200 S. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
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	600004419466--4
CITY-ST-ZIP	06/14/01 01043-002
	****141.25 ****141.25
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)(l), 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: **Howard D. Schwartz** Date: **5/31/01** Daytime Phone #: **954-320-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Secretary of GP**

CR2E003 (11/00)