

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000168

1. Entity Name
CARF REALTY 1997, L.L.C.



FILED

03 JUL 17 PM 2:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 2950 RCA BLVD., SUITE 500T PALM BEACH GARDENS, FL 33410 3960 RCA Blvd. Suite 6002 Palm Beach Gardens, FL 33410	Mailing Address 3950 RCA BLVD., SUITE 500T PALM BEACH GARDENS, FL 33410 3960 RCA Blvd. Suite 6002 Palm Beach Gardens, FL 33410
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0886300		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				500021628525			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGR CAPITAL ASSET RESEARCH FUNDING 1997-A LP	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3950 RCA BLVD., SUITE 5001			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Bruce A. Weinstein President + CEO 7/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/0/02)