

2001 UNIFORM BUSINESS REPORT (UBR)

000788 AF

APPROVED
AND
FILED

01 APR 27 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # A21135			
1. Entity Name CROCKER CENTER ASSOCIATES III, LTD.			
Principal Place of Business 433 PLAZA REAL, SUITE 335 BOCA RATON FL 33432		Mailing Address 433 PLAZA REAL, SUITE 335 BOCA RATON FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAGG, K. LAWRENCE % WHITE & CASE 200 S. BISCAYNE BLVD., STE. 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$110.00		10. Amount of Capital Contributions in FLORIDA to date. 100.00	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION \$8.75 Additional Fee Required			
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 #	H82608	STREET ADDRESS	
NAME	CCA III, INC.	CITY - ST - ZIP	
STREET ADDRESS	433 PLAZA REAL, SUITE 335		
CITY - ST - ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			4000004194024--4
CITY - ST - ZIP			-05/10/01--0110--011
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	***141.25 ***141.25
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

CR2E003 (11/00)

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:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **4/12/01** Daytime Phone #: **(561) 395-9666**