

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 APR -2 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**225 NE Mizner Blvd.**

3. Mailing Address

**225 NE Mizner Blvd.**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

**DUE BY MAY 1, 2003**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number **22-2696464**

Applied For

Not Applicable

Zip

**33432**

Country

Zip

**33432**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE  
% WHITE & CASE  
200 S. BISCAYNE BLVD., STE. 4900  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 # **H82608**  
NAME **CCA III, INC.**  
STREET ADDRESS **433 PLAZA REAL, SUITE 335**  
CITY-ST-ZIP **BOCA RATON FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **225 NE Mizner Blvd., Suite 200**  
CITY-ST-ZIP **Boca Raton, FL 33432**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**000015177158**  
**04/02/03--01053--006 \*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/25/03**  
Date

**(24) 395-9666**  
Daytime Phone #

CR2E003 (10/02)

0003821 AV