2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A94000000263 **DOCUMENT #**

1. Entity Name CTA PROPERTIES, 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**

APPROVE ARD FILED

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SECRETARY OF STATE FALL AHASSEE FLORIDA

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2. Principal P			01 1		iling Addre			Di.	_	1 0 0 1	{ 		13 141 11 141		
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Suite, Apt. #, etc. Suite 200					Suite, Apt. #, etc. Suite 200					DUE BY MAY 1, 2003					
City & State					City & State				4. FEI Number 65-0471156 Applied For						
Book	Book Raton Fz			1	Buca Raton, Fi					4. FEI Number 65-0471156				<u> </u>	Not Applicable
Zip 3343	2	Country		Zip	3432_	.	Country	′	5. Co	ertificate of	Status Desir	ed 🗌		3.75 e Req	Additional uired
6. Name and Address of Current Registered Agent									7. Name and Address of New Registered Agent						
GRAGG, K. LAWRENCE								Name							
C/O WHITE & CASE							Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
	TH BISCAYN														
MIAMI FL 33131							City	FL FL				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.															
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date												ABLE TO FL. DEPT. OF STATE E 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							13.	_	ADDRESS CHANGES ONLY						
DOCUMENT # M02000001077 CTA PROPERTIES GP LLC						STREET	ADDRESS :	225	NE	Mizne	- Blud	ا ر	Surt	£ 200	
STREET ADDRESS CITY-ST-ZIP	5001 B15011 F1 44144							T-Z1P	Boca	Retun	, FL	3343			
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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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS