

2000 UNIFORM BUSINESS REPORT (UBR)

0006981 AF

DOCUMENT # A94000001007
 1. Entity Name
CCA HOLDINGS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 27 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business
 120 S OLIVE AVE
 #300
 WEST PALM BEACH FL 33401

Mailing Address
 120 S OLIVE AVE
 #300
 WEST PALM BEACH FL 33401-5532

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **59-3331219**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOLFE, LEON J ESQ.
C/O BERMAN WOLFE & RENNERT, P.A.
100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$6,920,460.00**

10. Amount of Capital Contributions in FLORIDA to date. **6,885,460**

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.

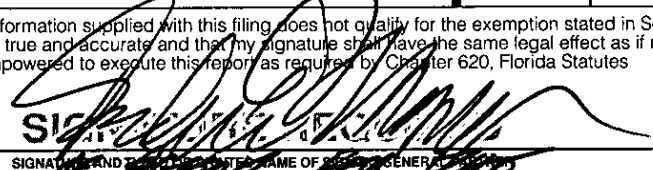
12. GENERAL PARTNER INFORMATION

DOCUMENT #	P95000060234
NAME	KYLE'S RUN DEVELOPMENT CORP.
STREET ADDRESS	116 S. MONROE STREET
CITY - ST - ZIP	TALLAHASSEE FL 32301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	400003259804--3
	05/22/00 01002 008
	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
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)(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:  DATE: **4/25/00** DAYTIME PHONE # _____

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT

CFR2 003 (1/19)