2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** A94000001007 1. Entity Name CCA HOLDINGS, LTD. FILED Principal Place of Business Mailing Address MAY -2 PM 12: 03 SECRETARY OF STATE 2. Principal Place of Business 3. Mailing Address TALLAHASSEE, FLORIDA 319 Clematis Street 319 Clematis Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suitei901 Suite 901 City & State City & State Applied For 4. FEI Number Not Applicable West Palm Beach, FL West Palm Beach, FL 59-3331219 Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33401 33401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Name WOLFE, LEON J. ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O BERMAN WOLFE & RENNERT, PA 100 SOUTHEAST SECOND STREET MIAMI, FL 33131 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11.MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record \$6,920,460.00 in FLORIDA to date \$6,885,460.00 SEE REVERSE SIDE FOR A GENERAL PARTNER THAT IS A BUSINESS EN ITY 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. STREET **DOCUMENT#** P95000060234 ADDRESS NAME KYLE'S RUN DEVELOPMENT CORP STREET ADDRESS 116 S MONROE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 STREET **DOCUMENT# ADDRESS** NAME 500004301925--STREET -05/23/01--01036--028 ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****526.25 ****526,25 STREET **DOCUMENT#** ADDRESS NAME STREET **ADDRESS** CITY-ST-ZIP CITY-ST-ZIP DCCUMENT# STREET ADDRESS NAME STREET **ADDRESS** CITY-ST-ZIP CL:Y-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 203-869-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING (ENERAL PARTNER

G:\Corporate Forms\UBRs\UBR for Limited Partnership.doc

David Saliman, Anotherized Representati

Daytime Phone #