PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
LIMITED PARTNERSI REINSTATEM	HIP	FLORIDA DEPAR Secretary DIVISION OF C		ΛTE	SECRETAR DIVISION OF C 05 MAY 13	Y OF ST ORPOR, AM 9:	ATE ATIONS 10	
DOCUMENT # A9400001007 1. Name of Limited Partnership CCA HOLDINGS, LTD.								
2. Principal Office Addre The Brandywi Suite, Apt. #, etc.		3. Mailing Office Address The Brandywine Centre I Suite, Apt. #, etc.			4. Date Formed or Registered To Do Business in Florida 7/3 5. FEI Number	25/94	CÉut há	C
580 Village Blvd, Ste 120 City & State West Palm Beach, FL		580 Village Blvd, Ste 120 City & State West Palm Beach, FL			59-3331219 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Zip 33409	Country USA	Zip 33409	Country USA		7a. Capital Contributions as shown of 7b. Amount of Capital Contributions is	n FLORIDA t		
8. Name and Address of Current Registered Agent					\$6,920,460			
Street Address (P.O. Box The Brandywi) Village Blvd. Su				1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
9. Pursuant to the provisions of sections 620,1051 and 620, 105, Figure Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the state of Florida. Such change was authorized by its general partner(s). I hereby accept the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 5th state of Florida. Such chang								
10. Name(s) of G	eneral Partner(s)	Address of Each (Do NOT Use Post 0	General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number	
Kyle's Run Development Corp.		106 East College Avenue Suite 640			Tallahassee, FL 32301		00060234	
				الأر	BINSTATELL		02-05	-
					300056C 06/10/0501077	350		

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1 % I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in S	
Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt	
on this annual report is true and accurate and that my signature shall have the same legal effects as it made under oath. I further certify	y that I am a General Partner of the limited partnership, receiver or
trustee empowered to execute this report as required by chapter 620/Florida Statutes.	
	-1-1-
SIGNATURE JAMMY LAWY	OATE5/5/05
Typed or Printed Name of General Partner Signing Form David A. Salzman, Authorized Rep.	
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