2001 UNIFORM BUSINESS REPORT (UBR)

D0025

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DOCUMENT # A95000001310

1. Entity Name

CENTER COURT ASSOCIATES, LTD.

FILED $535

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD.. PENTHOUSE II CORAL GABLE FL 33134	2121 PONCE DE LEON BLVD.. PENTHOUSE II CORAL GABLE FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0630920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, LEON J ESQ. 100 S.E. 2ND STREET, SUITE 3500 MIAMI FL 33134	Name: Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable): 100 Southeast Second Street Suite 3500 City: Miami FL Zip Code: 33131-2130

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] V.P. 1/27/01

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

9. Capital Contributions as Shown on record. $6,220,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A96000001457	STREET ADDRESS	
NAME	CORNERSTONE CENTER COURT, LTD.		
STREET ADDRESS	3225 AVIATION AVENUE, #700	CITY-ST-ZIP	
CITY-ST-ZIP	COCONUT GROVE FL 33133		300003655143--7
DOCUMENT #	P96000000527	STREET ADDRESS	-02/06/01--01116--001 ****535.00 ****535.00
NAME	DEEDCO CENTER COURT, INC.		
STREET ADDRESS	141 N.E. 3RD AVENUE, SUITE 500	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33132		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (11/00)

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #