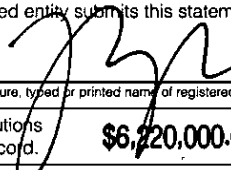
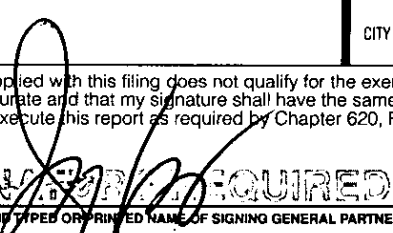


2001 UNIFORM BUSINESS REPORT (UBR),

Done

0004352 AF

DOCUMENT # A95000001310			
1. Entity Name CENTER COURT ASSOCIATES, LTD.			
Principal Place of Business 2121 PONCE DE LEON BLVD., PENTHOUSE II CORAL GABLE FL 33134		Mailing Address 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
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 WOLFE, LEON J ESQ. 100 S.E. 2ND STREET, SUITE 3500 MIAMI FL 33134		7. Name and Address of New Registered Agent 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  V.P. DATE 1/27/01 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. \$6,220,000.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	A96000001457 CORNERSTONE CENTER COURT, LTD. 3225 AVIATION AVENUE, #700 COCONUT GROVE FL 33133	STREET ADDRESS CITY-ST-ZIP	3000003655143--7
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000000527 DEEDCO CENTER COURT, INC. 141 N.E. 3RD AVENUE, SUITE 500 MIAMI FL 33132	STREET ADDRESS CITY-ST-ZIP	-02/06/01--01116--001 ***535.00 ***535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			
Date		Daytime Phone #	

FILED \$535
01 JAN 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)