

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000002130**  
 1. Entity Name  
**CCD MIRAMAR, LTD.**

FIL  
 SECRETARY  
 DIVISION OF  
 CORPORATE  
 REGISTRATIONS

00 APR 19 AM 11:43



Principal Place of Business      Mailing Address  
~~11015 NORTH DALE MABRY~~      ~~11015 NORTH DALE MABRY~~  
~~TAMPA FL 33618~~                      ~~TAMPA FL 33618 3801~~

2. Principal Place of Business      3. Mailing Address  
**13014 N. DALE MABRY HWY**      **SAME**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**SUITE 356**

City & State                              City & State  
**TAMPA, FL**

Zip      Country                      Zip      Country  
**33618**

4. FEI Number **59-3474989**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MURPHY, THOMAS J**  
**11015 NORTH DALE MABRY**  
**TAMPA FL 33618**

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

9. Capital Contributions as Shown on record.      **\$341,500.00**      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	
DOCUMENT #	<b>P97000084899</b>
NAME	<b>CONCORDE MIRAMAR, INC.</b>
STREET ADDRESS	<del>11015 NORTH DALE MABRY</del>
CITY - ST - ZIP	<del>TAMPA FL 33618</del>
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	<b>13014 N. DALE MABRY HWY - SUITE 356</b>
CITY - ST - ZIP	<b>TAMPA, FL 33618</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>900003242699--2</b>
CITY - ST - ZIP	<b>-05/08/00--01102--006</b>
STREET ADDRESS	<b>*****526.25 *****526.25</b>
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: *Thomas J Murphy*      Date: 4/15/00      Daytime Phone #: 8132690899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)