

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A97000002632  
**Entity Name**  
 SRA/CCD, LTD.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR 13 AM 10:04

**Principal Place of Business**  
 C/O WHITE & CASE  
 200 S. BISCAYNE BLVD., SUITE 4900  
 MIAMI FL 33131

**Mailing Address**  
 5345 PINE TREE DRIVE  
 MIAMI BEACH FL 33140-2143



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** 65-0799508  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 GRAGG, K. LAWRENCE  
 C/O WHITE & CASE  
 200 S. BISCAYNE BLVD., SUITE 4900  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
 Name: Clifford M. Stein, Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 5345 Pine Tree Dr  
 City: Miami Beach FL Zip Code: 33140

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** DATE 1/6/00

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

**Capital Contributions as Shown on record.** \$495,000.00

**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.**

GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000102723
NAME	SRA/CCD, INC.
STREET ADDRESS	5345 PINE TREE DRIVE
CITY - ST - ZIP	MIAMI BEACH FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	3/21/00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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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:** DATE 1/6/00 DAYTIME PHONE # 305-866-1546

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

CR2E003 (9/99)