

2001 UNIFORM BUSINESS REPORT (UBR)

000 314 AF

DOCUMENT # **A97000002632**

1. Entity Name

SRA/CCD, LTD.

FILED

01 JAN 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

**5345 PINE TREE DRIVE
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

SRA/CCD, LTD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5345 Pine Tree Dr.

City & State

City & State

Miami Beach, FL

4. FEI Number

65-0799508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **33140**

Country **U.S.A.**

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, CLIFFORD M ESQ.
5345 PINE TREE DRIVE
MIAMI FL 33140**

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

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.

\$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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 #

[Handwritten Signature] **1.17.01 3058000546**

CR2E003 (1/1/00)