



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002632</b>					
1. Entity Name SRA/CCD, LTD. =					
Principal Place of Business SRA/CCD, LTD. 5345 PINE TREE DRIVE MIAMI BEACH, FL 33140			Mailing Address SRA/CCD, LTD. 5345 PINE TREE DRIVE MIAMI BEACH, FL 33140		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____		
City & State			City & State		
Zip		Country		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$495,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000102723			STREET ADDRESS	
NAME	SRA/CCD, INC.			CITY-ST-ZIP	
STREET ADDRESS	5345 PINE TREE DRIVE				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				000000366138 05/11/05-80032-014 526.25
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				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)(f), 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Day/mo Phone #</small>	



04252005 Chg-LP CR2E003 (10/03)

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

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

STAPLE CHECK HERE