CR2E003 (10/02)

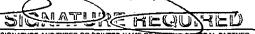
## **2003 LIMITED PARTNERSHIP**

UN	<b>IFORM</b>	BUSINE	SS REPOR	T (t	JBR)				
DOCU I. Entity Nam SRA/CC		A97000	0002632			FILED 2003 APR 23 AM 8: 24			
Principal Place of Business SRA/CCD. LTD. 5345 PINE TREE DRIVE MIAMI BEACH FL 33140 2. Principal Place of Business			Mailing Address SRA/CCD. LTD. 5345 PINE TREE DRIVE MIAMI BEACH FL 33140  3. Mailing Address			1	VIJION OF CORF TALEAHASSEE,		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			<u>                                       </u>	DUE BY MAY 1	2003	
City & State			City & State			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Арр	olied For Applicable
Zip Country			Zip	Zip Country		5. Certificate o	f Status Desired	\$8.75 Addit	tional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
STEIN, CLIFFORD M ESQ.					Name				
5345 PINE TREE DRIVE					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33140					City			FL Zip Code	
3. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  3. Capital Contributions as Shown on record.  10. Amount of Capital in FLORIDA to date.					outions		11. MAKE CHECK PAYA SEE REVERSE SIDE	<sup>NTE</sup> BLE TO FL. DEPT. E FOR FEE INFORM	OF STATE
			AT IS A BUSINESS EN NOT be changed on ti						
2.	NOTE. GO	GENERAL PARTNER II		13.	, an americane	THOSE DO MED	ADDRESS CHANGES	<del></del>	
OCUMENT #	P9700010272 SRA/CCD, INC 5345 PINE TR	<b>)</b> .		STRE	ET ADDRESS				
treet address ' hty-st-zip	MIAMI BEACH			CITY-	-ST-ZIP	er e	0010010		
OCUMENT #	-			STRE	ET ADDRESS		<del>UU16813</del> 0301071001	**525.25	;
TREET ADDRESS				CITY-	-ST-ZIP	·			
OCUMENT / IAME TREET ADDRESS				STRE	ET ADDRESS				
TY-ST-ZIP			· 	CITY-	-ST-ZIP				<u> </u>
AME Treet address					ET ADDRESS		<u> </u>		
ITY-ST-ZIP				CHY-	-ST-ZIP				
AME TREET ADDRESS					ET ADDRESS  -ST-ZIP				
OCUMENT #	L	10.7-		STREE	ET ADDRESS				
TREET ADDRESS									

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:

CITY-ST-ZIP



Daytime Phone #