

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000118
Entity Name
 SRA/BUILDING 051, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 13 AM 10:02

Principal Place of Business
 345 PINE TREE DRIVE
 MIAMI BEACH FL 33140

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number 65-0817030 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD M
 5345 PINE TREE DRIVE
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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** _____

Capital Contributions as Shown on record. \$2,000,000.00 **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 #	P98000003213
NAME	SRA/BUILDING 051 CORP.
STREET ADDRESS	5345 PINE TREE DRIVE
CITY - ST - ZIP	MIAMI BEACH FL 33140
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	Inf 3121100
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	8000003179438-3
CITY - ST - ZIP	-03/22/00--01026--026
STREET ADDRESS	***526.25 ***526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: 1/7/00 Daytime Phone #: 305-866-1546

CR2E003 (9/99)