

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002051 AV

DOCUMENT # A99000001645

1. Entity Name
SRA/MIAMI OFFICE ONE, LTD.



FILED
2003 APR 23 AM 9:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131	Mailing Address C/O SAVITAR, INC. 5345 PINE TREE DRIVE MIAMI BEACH FL 33140
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 65-0956042	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD M ESQ
5345 PINE TREE DR
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 _____

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	P99000088738
NAME	SRA/MIAMI OFFICE ONE, INC.
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	
CITY-ST-ZIP	
STREET ADDRESS	100016813931
CITY-ST-ZIP	04/23/03--01071--019 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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)(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 REQUIRED~~ **4.22.03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)