

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000475

1. Entity Name
NCRAS MANAGEMENT, LP



FILED

03 APR 10 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 SOUTH ANDREWS AVENUE, 11TH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address
200 SOUTH ANDREWS AVENUE, 11TH FLOOR
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

200 S. Andrews Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept - 11th Floor

City & State

City & State

Fort Land., FL 2

Zip

Country

Zip

33301

Country

4. FEI Number 52-2207168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

DATE

9. Capital Contributions
as Shown on record.

\$999.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F99000006740
NAME NCRAS-GP, INC.
STREET ADDRESS 200 SOUTH ANDREWS AVENUE, 11TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

STREET ADDRESS

CITY-ST-ZIP

800015651932

DOCUMENT #
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CITY-ST-ZIP

M THOMAS

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

Signature of GP

Date

4/1/03

Daytime Phone #

954.380.4000

CR2E003 (10/02)