

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B99000000475



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
NCRAS MANAGEMENT, LP

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

DUE BY MAY 1, 2003

4. FEI Number 52-2207168

Applied For
Not Applicable

Zip Country

Zip Country
33301

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

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800015651932
STREET ADDRESS	04/10/03--01081--024 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
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: *Howard D. Schwartz* **Signature and Typed or Printed Name of Signing General Partner** **4/1/03** **954.380.4000**
Signature of GP Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE