

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90002 010 \*\*\*\*\*50.00

**DOCUMENT # L00000007269**

1. Entity Name

**CTA BROWARD LLC**



Principal Place of Business

**433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432**

Mailing Address

**433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432**

2. Principal Place of Business

**225 NE Mizner Blvd.**

3. Mailing Address

**225 NE Mizner Blvd**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33432**

Country

Zip

**33432**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1018339**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE  
C/O WHITE & CASE LLP  
200 S BISCAYNE BLVD SUITE 4900  
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CROCKER, THOMAS J  
433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ACKERMAN, RICHARD S  
433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**225 NE Mizner Blvd., Suite 200  
Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1999 Avenue of the Stars, Suite 1900  
Los Angeles, CA 90067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**2/26/03**

**(91) 395-9666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0029748