2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007275

Entity Name

CTA LAND HOLDINGS LLC



Principal Place of Business

225 NE MIZARES BLVD.

SUITE 200

BOCA RATON, FL 33432

Mailing Address

225 NE MIZARES BLVD.

SUITE 200

BOCA RATON, FL 33432

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90140 001 ***100.00

30005174



04132005 No Chg-LLC

CR2E083 (10/03)

| 4. | FEI Number | | Applied For |
|----|-------------------------------|----------------|---------------------|
| | 65-1018340 | | Not Applicable |
| 5. | Certificate of Status Desired | \$5.0 Fee F | Additional uired |

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

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| 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

Filing Fee is \$50.00 Due by May 1, 2005

| 9. | MANAGING MEMBERS/MANAGERS |
|--|--|
| TITLE NAME STREET ADDRESS | MGRM CROCKER, THOMAS J 225 NE MIZARES BLVD. SUITE 200 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ACKERMAN, RICHARD S 10250 CONSTELLATON BLVD STE 2900 LOS ANGELES, CA 90067 |
| TITLE NAME_ STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 11. I hereby | certify that the information supplied with this filing does not qualify for the ex |

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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 AND TYPED OR PRINTED N

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

(81) 395-9666

Daytime Phone #