FILED

2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)					Mar 31, 2003 8:00 am		
DOCUMENT # L0000007275 1. Entity Name CTA LAND HOLDINGS LLC					Secretary of State 03-31-2003 90002 011 ****50.00		
SUITE 335 BOCA RATON FL 33432		Mailing Address 433 PLAZA REAL SUITE 335 BOCA RATON FL 33432					
Suite, Apt. #, etc. Suite. 200		3. Mailing Address 225 NE Mizer Bhd. Suite, Apt. #, etc. Surk 200			☐ CHECK HERE IF MAKING CHANGES		
City & Stat Boca Zip	Ratin FC Country	Zip	Country	4. FEI Nun	te of Status Desired	\$5.00 Add	
3343		33432				Fee Required	d
	6. Name and Address of Current I	Registered Agent	Name	7. Name a	nd Address of New Registers	ad Agent	
GRAGG, K. LAWRENCE WHITE & CASE LLP 200 S BISCAYNE BLVD SUITE 4900				Street Address (P.O. Box Number is Not Acceptable)			
	MI FL 33131		City		·	Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a			registered agent, or b	ooth, in the State of Florida. I a		and accept
		Make Check Payable	W!!! FEE IS \$5 to Florida Depa By May 1, 2003	artment of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG	ES	
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	225 NE	MIZNE Blud., So M ,FC 33432	Change	☐ Addition
TITLE NAME STREET ADDRESS	MGRM ACKERMAN, RICHARD S 433 PLAZA REAL SUITE 335	Delete	TITLE NAME STREET ADDRESS		one of the Sturs, 5 , CA 90067	. 🔀 Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Los Angule	5 <u>, CA</u> 90067	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition
TITLE		☐ Delete	TITLE			☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STEVATURE ETE SIGNATURE:
SIGNATURE AND TYPED OR PROTECUAME OF SIGNING MANAGING MEMBER, MANAGES, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP