2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008867 1. Entity Name							•	FILED					
CCAP PROPERTIES, LLC								OI FEB 23 PM 2: 02					
Principal Place of Business Mailing Address 1771 NW 127TH WAY 1771 NW 127TH WAY CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							SEC TALL	SECRETARY OF STATE ALLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address						.							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEI Number 65 - 1029469 - Applied For Not Applicable					
Zip Country			Zi	Zip Cou			5. Certificate of Status Desired \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent.							~-7. N	ame a	nd Address of New	Registered /	Agent		
						Name						1	
Robert A. White, P.A. 1401 University Dr							Street Address (P.O. Box Number is Not Acceptable)						
SUITE 600										•			
CORAL SPRINGS FL 33071					City	FL Zip Code							
8. The above	named entity	submits this statement fo	r the pu	rpose of changing its	register	ed office or	registered age	ent, or b	ooth, in the State of Fl	orida.			
SIGNATURE .	Signature typed	or printed name of registered agent	and title it a	oplicable. (NOTE	: Registere	d Agent signatu	re required when rein	nstating)		DATE			
						FEE IS \$ o Departr		е .					
9. MANAGING MEMBERS / MEMBERS								<u></u>	ADDITIONS	/CHANGES			
TITLE	MGRM			☐ Delete	10. TITLI	· [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	☐ Change	☐ Addition	
NAME STREET ADDRESS	1771 NW	6, CARL C 127TH WAY PRINGS FL 33069				ET ADDRESS -ST-ZIP	•					ļ	
CITY-ST-ZIP	CURAL S	PHINOS FL 33009			_				anonos	782	229 .		
TITLE NAME STREET ADDRESS				☐ Delete	TITLI NAM STRE				900009 -02/2 ****	7/01(100.00)	254dfitton 50.00	
CITY-ST-ZIP					-	-ST-ZIP						5	
TITLE				Delete	TITL	- 1			-		Change _	_ Addition	
NAME STREET ADDRESS					NAM	ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP			•				
TITLE				☐ Delete	TITL	<u></u>					☐ Change	☐ Addition	
NAME					NAM				,			İ	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP			/				
TITLE				☐ Defete	TITLE				h.d		☐ Change	Addition	
NAMĘ.					NAM				/Y'			1	
STREET ADDRESS CITY*.ST-ZIP						ET ADORESS -ST-ZIP						ļ	
				□ Patata							☐ Change	Addition	
TITLE NAME				☐ Delete	TITLE NAM	L					- Augule	naution	
STREET ADDRESS						ET ADDRESS							

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 employeed to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

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

101 954-91/0073