

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90107 029 \*\*\*\*55.00

DOCUMENT # 401000018738 ✓  
1. Entity Name  
CT BUILDING I

041072

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8000 N. Federal Hwy.  
Suite #, etc.  
Third Floor  
City & State  
Boca Raton, FL  
Country  
USA  
Zip  
33487

3. Mailing Address  
8000 N. Federal Hwy.  
Suite, Apt. #, etc.  
Third Floor  
City & State  
Boca Raton, FL  
Country  
USA  
Zip  
33487

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1149608  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Rebecca L. Hamilton  
c/o Sachs, Sax & Klein  
Street Address (P.O. Box Number is Not Acceptable)  
301 Yamato Road  
Northern Trust Plaza, Suite 4150  
City Boca Raton, FL Zip Code 33431

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.  
SIGNATURE [Signature] Rebecca L. Hamilton 3-02-02  
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scott Adams 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joseph W. Veccia 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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] April 18, 2002 561-953-5208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #