
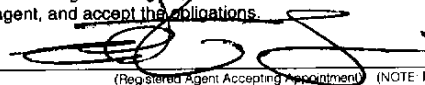
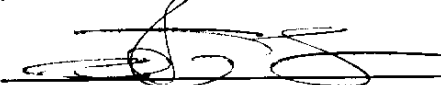


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 FEB 18 PM 4:08 SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000129</b>  SRA/CCD, L.L.C. 5345 PINE TREE DRIVE MIAMI BEACH FL 33140		1a. Principal Place of Business Address  5345 PINE TREE DRIVE MIAMI BEACH FL 33140			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/30/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 65-0644467	
				5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Date of Last Report	
				8. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  ROLLNICK, NEIL 133 SEVILLA CORPAL CABLES FL 33134			8. Name and Address of New Registered Agent Name Clifford M. Stein Street Address (P.O. Box Number is Not Acceptable) 5345 Pine Tree Drive Suite, Apt. #, etc. Miami Beach, FL 33140 City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE 				DATE 2/13/97	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	STEIN, CLIFFORD M	5345 PINE TREE DRIVE, SAVI MIAMI BEACH FL			
300002091853--5 -02/19/97--01049--023 *****203.75 *****203.75					
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 				DATE 1/23/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					