2003 LIMITED LIABILITY COMPANY

FILED Mar 31, 2003 8:00 am' Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # M9800000334 1. Entity Name 03-31-2003 90002 013 ****50.00 CA-GP. LLC Principal Place of Business Mailing Address 433 PLAZA REAL, SUITE 335 433 PLAZA REAL. SUITE 335 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 225 NE Mizne Blud. 225 NE MIZNER Blud Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0799862 Book Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 3432 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change ☐ Addition CROCKER REALTY TRUST, LP NAME NAME 225 NE MIZAU Blad, Suit 200 STREET ADDRESS STREET ADDRESS 433 PLAZA REAL, SUITE 335 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** MGR TITLE ☐ Delete TITLE CROCKER, BARBARA F NAME NAME MIZNER Blud. Sute 200 STREET ADDRESS STREET ADDRESS 433 PLAZA REAL, SUITE 335 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

City-St-7IP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Change

Addition