2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28016

1. Entity Name

BROWARD GARDENS ASSOCIATES, LTD.

FILED
00 JAN 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
818 W BROOKS AVE NORTH LAS VEGAS NV 89030	818 W BROOKS AVE NORTH LAS VEGAS NV 89030-7828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6921283 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHAEFFER, NEIL 27121 EDENBRIDGE COURT BONITA SPRINGS FL 34135	Name: Neil Schaeffer Street Address (P.O. Box Number is Not Acceptable): 8452 Gardens Circle #4 City: Sarasota FL Zip Code 34243

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] Neil Schaeffer 1/20/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record	$0.00	10. Amount of Capital Contributions in FLORIDA to date.	0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 BIRD, ALLAN S. 818 W BROOKS AVE NORTH LAS VEGAS NV 89030	STREET ADDRESS CITY-ST-ZIP	300003119053--8 -02/01/00--01108--019 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001192 REAL PROPERTY SERVICES CORP. 818 W BROOKS AVE NORTH LAS VEGAS NV 89030	STREET ADDRESS CITY-ST-ZIP	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED [signature] Patricia M. Green 1/20/00 (702)313-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #