

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000211**

1. Entity Name

BRANDON LAKES PLAZA, LTD.

FILED

00 JAN 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5930 LBJ FREEWAY, SUITE 400
DALLAS TX 75240

Mailing Address

5930 LBJ FREEWAY, SUITE 400
DALLAS TX 75240-6344

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-2750512

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA, SUITE 1
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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.

\$858,473.67

10. Amount of Capital Contributions in FLORIDA to date.

\$858,473.67

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 #

M98000000320

NAME

BRANDON LAKES PLAZA I, L.L.C.

STREET ADDRESS

5930 LBJ FREEWAY, SUITE 400

CITY - ST - ZIP

DALLAS TX 75240

STREET ADDRESS

500003114985--4

-01/28/00--01091--003

CITY - ST - ZIP

******526.25 ****526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TREA C. YIP

MANAGER / SOLE MANAGER 1/10/00 386-6662
Date Daytime Phone #