

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015941 AF

**DOCUMENT # B98000000211**

1. Entity Name

**BRANDON LAKES PLAZA, LTD.**

**FILED**

**01: JAN 22 PM 12: 15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5930 LBJ FREEWAY, SUITE 400  
DALLAS TX 75240**

**5930 LBJ FREEWAY, SUITE 400  
DALLAS TX 75240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-2750512**

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

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

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

**100003576441--3**

CITY-ST-ZIP

**-01/26/01--01048--023**

**\*\*\*526.25 \*\*\*526.25**

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CITY-ST-ZIP

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

**TREAC YIP**  
**PRESIDENT**

**1/21/01 (972) 386-6662**  
Date Daytime Phone #

CR2E003 (11/00)