

DOCUMENT # L01000008342

Entity Name  
COLLEGE BUSINESS PARK, LLC

FILED  
02 MAY -9 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
888 SE 3RD AVE.  
SUITE 501  
FT. LAUDERDALE FL 33316

Mailing Address  
888 SE 3RD AVE.  
SUITE 501  
FT. LAUDERDALE FL 33316

1. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. # etc.

City & State

City & State

4. FEI Number  
65-1096115

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
BARRON, ROBERT W  
350 EAST LAS OLAS BLVD.  
SUITE 1000  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due by May 1, 2002

600005507105--9  
-05/13/02--01086--034  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member Miles A. Forman, Trustee 888 SE 3 Ave., Ste. 501 FtL., FL 33316	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member Hamilton C. Forman, Trustee 888 SE 3 Ave., Ste. 501 FtL., FL 33316	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member BBH College LLC 1096 E. Newport Ctr Dr Deerfield Bch., FL 32442	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* as authorized representative of College Business Park LLC  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #