

** Amended **
2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012454

DOCUMENT # **L01000008342**
 1. Entity Name
COLLEGE BUSINESS PARK, LLC

02 JUN -4 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

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 **021091215** Applied For Not Applicable
 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 **Forman, M. Austin**
 Street Address (P.O. Box Number is Not Acceptable)
888 SE Third Ave #501
 City **FT LAUDERDALE** FL Zip Code **33316**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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

400005695674--7
-06/07/02--01008--006
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGR M Forman, M. Austin, Trustee 888 SE 3rd Ave #501 FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/>
MGR M BBH College LLC 888 SE 3rd Ave #501 FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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.

SIGNATURE *[Signature]* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/30/02**

Daytime Phone #

CR2E083 (9/01)