2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9800000320.				FILED ;	
BRANDON LAKES PLAZA I, L.L.C.				00 JAN 20 PM 4: 24	
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				ALLAHASSEE, FLORIDA	1
5930 LBJ FREEWAY. SUITE 400 5930 LBJ FREEWAY. SUITE 400 DALLAS TX 75240-6344			E 400		
				<u> </u>	<u> </u>
Principal Place of Business Address Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 75-2755129	Applied For Not Applicable
Zip	Country .	Zip · · · · · · · · · · · · · · · · · · ·	Country - =	5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Current I	Zealstered Agent		7. Name and Address of New Register	Fee Required
	O. Name and Address of Current I	legistered Agent	Name	7. Name and Address of New Register	ou Agoin
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., SUITE 1				s (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301					
			City		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating) DA	TE
		P11 P 114	NAME		•
	·	ľ	OW!!! FEE IS \$50.00 yable to Department		
		Mare Check Fa	yable to bepartment	of State	
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHAN	·
TITLE NAME	MGR	Delete	TITLE NAME	70000211	Change Addition
STREET ADDRESS	YIP, TREA C 5930 LBJ FREEWAY, SUITE 400		STREET ADDRESS	-01/26/00	18279 01110015
CITY-ST-ZIP	DALLAS TX 75240		CITY-8T-2(P	*****50.	00 *****50.00
TITLE	`	Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		•
CITY-8T-ZIP		· Jan B. Company - Later J. C. Later	CITY-ST-ZIP		and the second second
TITLE		Octob	TITLE		Change Addition
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CITY- ST- ZIP			CITY-ST-ZIP	1161	
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS		•	MAME STREET ADDRESS	. K	
CITY-8T-ZIP	•		CITY-SY-ZIP		
TITLE		☐ Deleto	TITLE		Change Addition
NAME STREET ADDRESS			MAME STREET ADDRESS		
CITY-8T-ZIP			CITY-8T-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		•
CITY- ST- ZIP		_	GITY-81-ZIP		
11. Thereby 0	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 accourate 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 emprovered to execute this report as required by Chapter 608, Florida Statutes.					
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