2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000012485 1. Entity Name BROOKWOOD PARK, L.L.C.					FILED 02 APR 19 PM 3: 48					
					Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA
4900 Marsh Landing Boulevard. Suite 101 Jacksonville Beach FL 32802-4961		PO 80X 4961 ORLANDO FL 32802-4961				THE COLL P	LOM	D.O.		
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Nur	nber 59-3679096		<u> </u>	plied For t Applicable	
Zip Country		Zip Coun		try	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent	l		7. Name a	ind Address of New Re	gistered A	gent -		
B&C CORPORATE SERVICES OF CENTRAL FL, INC.				Name						
	E 1100	, 1110.		Street Address (P.O. Box Number is Not Acceptable)						
57.2				City			FL	Zip Code)	
P. The chave	named entity submits this statement for	or the purpose of changing its	register	ad office or regist	tered agent or	both in the State of Flori				
		Make Check Pa	yable t	FEE IS \$50.00 o Department ay 1, 2002	1					
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BOULE JACKSONVILLE BEACH FL 322							Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			··· -	8000053 -04/24/ *****5	′020	1)080 1)080 *****5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITL NAM STRI CITY	E EET ADDRESS '-ST-ZIP				Change	Addition	
11. I hereby of indicated limited lia	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	h this filing does not qualify to that my signature shall have e empowered to execute this	r the exe the sam report a	mption stated in e legal effect as i s required by Chi	Section 119.07 f made under c apter 608, Flori	(3)(i), Florida Statutes. i i path; that I am a managi da Statutes.	further cert ng membe	ify that the in or or manage	formation r of the	

indicated on this report is true and accurate and marmy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee and overcute this report as required by Chapter 608, Florida Statutes.

BY Finlay (Finlay Holdings, Ltd.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAYAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Daytime Phone #