

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20827**

1. Entity Name  
**BROOKWOOD APARTMENT ASSOCIATES, LTD.**

FILED

02 APR 11 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES FL 33134**

Mailing Address  
**201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES FL 33134**

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

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **59-2584002**

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GORDON, DAVID  
5005 WEST LAUREL STREET, SUITE 206  
TAMPA FL 33607**

7. Name and Address of New Registered Agent  
Name **Ronald R. Fieldstone**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle, Suite 601**  
City **Coral Gables** **FL** Zip Code **33134**

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.  
**RONALD R. FIELDSTONE**  
SIGNATURE DATE **4/4/02**

9. Capital Contributions as Shown on record. **5A Filed 1,000,000**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L01000007599 KINGS BROOKWOOD REALTY, LLC 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>500005254955--2 -04/11/02--01073--012</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>****526.25 ****526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>FF \$ 526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **RONALD R. FIELDSTONE** DATE **4/4/02** (305) 357-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP2E003 (9/01)