

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A22633**

1. Entity Name  
**BRICKELL PROMENADE, LTD**

Principal Place of Business  
**C/O THE ALLEN MORRIS COMPANY  
1000 BRICKELL AVENUE, SUITE 300  
MIAMI FL 33131**

Mailing Address  
**C/O THE ALLEN MORRIS COMPANY  
1000 BRICKELL AVENUE, SUITE 300  
MIAMI FL 33131-3004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

*mf*



DO NOT WRITE IN THIS SPACE

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

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

City & State

4. FEI Number **NOT APPLICABLE**  
*65-0048957*

Zip Country

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

6. Name and Address of Current Registered Agent  
**MORRIS, W. ALLEN  
1000 BRICKELL AVENUE, SUITE 1200  
MIAMI FL 33131**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	<b>210633</b>
NAME	<b>THE ALLEN MORRIS CO.</b>
STREET ADDRESS	<b>1000 BRICKELL AVE.#300</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>100003241581--1</b>
CITY - ST - ZIP	<b>-05/05/00--01036--022</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Bill G. Davis* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**BILL G. DAVIS** 4/18/2000 305-358-1000  
Date Daytime Phone #

CF. E001 (9/99)