

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT 1

DOCUMENT # A93000001231

1. Entity Name
PASADENA AT THE LANDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



Principal Place of Business 11801 PEMBROKE ROAD PEMBROKE PINES FL 33025	Mailing Address 11801 PEMBROKE ROAD PEMBROKE PINES FL 33025-1733
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0445870	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERGER, DAVID J ESQ.
C/O BROAD AND CASSEL
175 N.W. FIRST AVENUE, SUITE 2000
MIAMI FL 33128-9965

7. Name and Address of New Registered Agent

Name: **EHG Resident Agents Inc.**
Street Address (P.O. Box Number is Not Acceptable):
5100 Town Center Circle Ste 330
City: **Boca Raton** FL Zip Code: **33486**

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: EHG Resident Agents Inc DATE: 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$108,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P93000077741 THE LANDINGS BY PASADENA, INC. 1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003256908--1
CITY - ST - ZIP	-05/18/00--01024--010
STREET ADDRESS	***526.25 ***526.25
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #