

2000 UNIFORM BUSINESS REPORT (UBR)

DUPLICATE FILE

DOCUMENT # A94000000026

1. Entity Name
PASADENA AT PEMBROKE LAKES SOUTH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 25 AM 3:05

| | |
|---|--|
| Principal Place of Business 11801 PEMBROKE RD PEMBROKE PINES FL 33025 | Mailing Address 11801 PEMBROKE RD PEMBROKE PINES FL 33025-1733 |
|---|--|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0460829 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERGER, DAVID J ESQ.
% COURTHOUSE CENTER, SUITE 2000
175 NW FIRST AVENUE
MIAMI FL 33128-9965

7. Name and Address of New Registered Agent
Name: ENG Residents 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: ENG Residents 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

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 | P94000000346 PASADENA AT PLS, INC. 1000 N. HIATUS ROAD PEMBROKE PINES FL 33026 |
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| 13. ADDRESS CHANGES ONLY | |
|-----------------------------------|--|
| STREET ADDRESS CITY - ST - ZIP | 900003256909--8 -05/18/00--01024--011 ***526.25 ***526.25 |
| STREET ADDRESS 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #