

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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DO NOT WRITE IN THIS SPACE

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 65-0460829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 EHG 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 EHG 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
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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 DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER