

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002061

1. Entity Name

BRIAN'S PLACE DEVELOPMENT, LTD.

Principal Place of Business Mailing Address

2. Principal Place of Business
6650 W. Indiantown Road

3. Mailing Address
same

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Jupiter, Florida

City & State

Zip 33458 Country USA

Zip

Country

01 FEB - 9 AM 10: 50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0647287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Scott Kramer, Esquire

Street Address (P.O. Box Number is Not Acceptable)

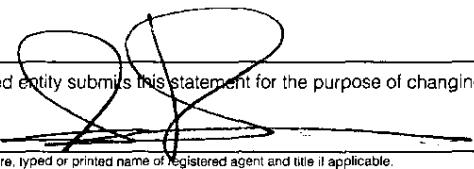
6650 W. Indiantown Road

Suite 200

City Jupiter

FL Zip Code
33458

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  Scott Kramer, Esquire 2/7/01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions
as Shown on record: 495,000

10. Amount of Capital Contributions
in FLORIDA to date. 3,000

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 # A95000002061
NAME 6650 General, Inc.
STREET ADDRESS 6650 W. Indiantown Road, Suite 200
CITY-ST-ZIP Jupiter, FL 33458

STREET ADDRESS

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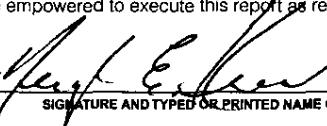
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STREET ADDRESS

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:  Meryl E. Kramer, President

2/7/01

(561)748-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)