

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001231

1. Entity Name  
BRIAR HILL FLORIDA LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business<br>3850 HOLLYWOOD BLVD., SUITE 400<br>HOLLYWOOD FL 33021 |         | Mailing Address<br>3850 HOLLYWOOD BLVD., SUITE 400<br>HOLLYWOOD FL 33021-6746 |         |
| 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<br>65-0683472  | Applied For<br><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<br>CORNFIELD, ROBERT M<br>3850 HOLLYWOOD BLVD., SUITE 400<br>HOLLYWOOD FL 33021 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. \$200.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$200.00 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S21712<br>CAMBRIDGE ASSET MANAGEMENT, INC.<br>3850 HOLLYWOOD BLVD., SUITE 400<br>HOLLYWOOD FL 33021 | STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |  |
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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: Robert M. Cornfield V.P.  
Signature and Typed or Printed Name of Signing General Partner  
Robert M. Cornfield, Vice President,  
Cambridge Asset Mgmt, Inc.  
Date: 4/10/00 Daytime Phone #: (954) 989-2200

CR2E003 (9/99)