

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



Principal Place of Business
**3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD FL 33021**

Mailing Address
**3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD FL 33021-6746**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0683472** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CORNFELD, ROBERT M
3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
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	S21712 CAMBRIDGE ASSET MANAGEMENT, INC. 3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD FL 33021
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003258683-3 -05/19/00--01013--020 ****150.00 ****150.00
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: *Robert M. Cornfeld* **SIGNATURE REQUIRED V.P.** Date **4/10/00** (954) 989-2200 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
**Robert M. Cornfeld, Vice President,
Cambridge Asset Mgmt, Inc.**

CR2E003 (9/99)