

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000286

1. Entity Name

BRICKELL AVENUE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154

Mailing Address

1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154-2027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, ROBERT R
101 EAST COLLEGE AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

MARTIN W. TAPLIN

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

1177 KANE CONCOURSE, SUITE 201

City Bay Harbor

FL

Zip Code 33154

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

Signature, typed or printed name of registered agent and title if applicable.

MARTIN W. TAPLIN, LIMITED PARTNER 4-20-2000

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

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 # P98000009623
NAME BRICKELL AVENUE, INC.
STREET ADDRESS 101 EAST COLLEGE AVE.
CITY - ST - ZIP TALLAHASSEE FL 32301

DOCUMENT #
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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1177 KANE CONCOURSE, SUITE 201

CITY - ST - ZIP

Bay Harbor, FL 33154

STREET ADDRESS

CITY - ST - ZIP

100003263611-9

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 #

3/10/00

305-865-5760

CR2E003 (9/99)