DOCUMENT # A9800000834 1. Entity Name								
BRITTANY BAY AT ANDROS ISLE, LTD.					FILED			
Principal Place of Business Mailing Address					as MAR	14 11	0.49	(\
6351 SAN MICHEL WAY 6351 SAN MICHEL WAY]			•	V
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484					SECRETA	ry of st	Ate RIHA	1911: 40:0 : 191 10 11311 4 50: 1 91 1
2. Principal Place of Business 3 111 University Drive 3111 University Suite, Apt. #, etc. Suite, Apt. #, etc.			ity Drive	و			VRITE IN THIS	
Suite 610 Suite 610						DONOIV	AULIE IIA LUIS	SPACE
City & State City & State			(FI		4. FEI Number	65-08282	00	Applied For
Zip Country Zip			Country	-			^ <u></u>	Not Applicable \$8.75 Additional
33065 33065		33065			5. Certificate of			Fee Required
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name					
HODKIN, PETER M ESQUIRE 2101 WEST COMMERCIAL BOULEVARD, SUITE 4100 FORT LAUDERDALE FL 33309				<u> </u>				
				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 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. \$1,500,000.00 10. Amount of Capital Contributions 1,445, 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 #	ZUCKERMAN HOMES AT ANDROS ISLE, INC. 6351 SAN MICHEL WAY DELRAY BEACH FL 33484			3	Oak James	la Dr.	المان	
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CITY-ST-ZIP	FT LAUDERDALE FL 33334			<u> </u>				
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14. I hereby certify that the information supplied with this filing dose 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayline Phone #								