

2000 UNIFORM BUSINESS REPORT (UBR)

0011555 AL

DOCUMENT # A98000001330

1656-16/211an

1. Entity Name

BROOKWOOD COMMERCIAL ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business
240 SOUTH PINEAPPLE AVENUE, TENTH FLOOR
SARASOTA FL 34236

Mailing Address
240 SOUTH PINEAPPLE AVENUE, TENTH FLOOR
SARASOTA FL 34236-6717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0847766		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BAND, DAVID S 240 SOUTH PINEAPPLE AVENUE, TENTH FLOOR SARASOTA FL 34236				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. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$5,000.00		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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P98000047622	STREET ADDRESS		STREET ADDRESS			
NAME	BROOKWOOD MANAGEMENT #2, INC.	CITY - ST - ZIP		CITY - ST - ZIP			
STREET ADDRESS	240 SOUTH PINEAPPLE AVENUE, TENTH FLOOR						
CITY - ST - ZIP	SARASOTA FL 34236						
DOCUMENT #		STREET ADDRESS		STREET ADDRESS			
NAME		CITY - ST - ZIP		CITY - ST - ZIP			
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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		David S. Band, as Director of Brookwood Management #2, Inc., a Florida corporation, general partner		Date 4/19/00		Daytime Phone # 941-366-6660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

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