

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000157

1. Entity Name

BRENTWOOD PLACE, L.P.

FILED

02 APR 29 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

Principal Place of Business

3301 WEST END AVENUE, SUITE 200
NASHVILLE TN 37203

Mailing Address

3301 WEST END AVENUE, SUITE 200
NASHVILLE TN 37203

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

62-1820101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name

John Carter

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

3105 Bay Oaks Ct.

City

Tampa

FL

Zip Code

33629

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

John Carter, Regional Supervisor

4/25/02

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

DATE

9. Capital Contributions
as Shown on record.

\$4,260,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000000948
NAME BRENTWOOD/TAMPA, L.L.C.
STREET ADDRESS 3301 WEST END AVENUE, SUITE 200
CITY-ST-ZIP NASHVILLE TN 37203

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS

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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 John Carter, Managing Member of G.P. 4/25/02 615/279-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0016645
AT