

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K71406**1. Entity Name  
**BROOKDALE MANAGEMENT COMPANY SOUTH**Principal Place of Business  
226 BAL CROSS DR  
BAL HARBOUR FL 33154 US  
Mailing Address  
PO BOX 6375  
BAL HARBOUR FL 331546375 US2. Principal Place of Business  
1000 QUAYSIDE TERRACE  
Suite, Apt. #, etc.  
SUITE 3053. Mailing Address  
Suite, Apt. #, etc.City & State  
MIAMI FL

City &amp; State

Zip  
33138 Country  
USZip  
Country4. FEI Number  
**65-0120464**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SHEPPARD ARTHUR N**  
420 LINCOLN RD  
STE 256  
MIAMI BCH FL 33139 US**7. Name and Address of New Registered Agent**Name  
**SHEPPARD ARTHUR N**  
Street Address (P.O. Box Number is Not Acceptable)  
407 LINCOLN RD  
STE 708  
City  
MIAMI BCH FL Zip Code  
33139

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 \_\_\_\_\_ **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
V	SCHWARTZ, SAMUEL R.	19 HARBOURAGE ISLE	FT LAUDERDALE FL	<input type="checkbox"/> Delete
P	SCHWARTZ, LEONARD H.	226 BEL CROSS DRIVE	MIAMI BCH FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
V	SCHWARTZ, SAMUEL R.	2120 E MAYA PALM DRIVE	BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	SCHWARTZ, LEONARD H.	1000 QUAYSIDE TERRACE SUITE 305	MIAMI FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: LEONARD H. SCHWARTZ**

P

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)