


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0012003

FILED

03 MAY -2 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000712	
1. Entity Name BRIGHTON AT WELLINGTON, L.C.	

Principal Place of Business 12534 WILES ROAD CORAL SPRINGS FL 33076	Mailing Address 12534 WILES ROAD CORAL SPRINGS FL 33076
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-1139447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent ROTHENBERG, LARRY A ESQUIRE 900 NORTH FEDERAL HIGHWAY, SUITE 460 BOCA RATON FL 33432
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By May 1, 2003</p>	<p>300017851353</p> <p>05/02/03--01001--023 **50.00</p>
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9. MANAGING MEMBERS/MANAGERS	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D PERRY, CRAIG 12534 WILES ROAD CORAL SPRINGS FL 33076</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS FL 33076</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>BK</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	

10. ADDITIONS/CHANGES	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____	SIGNATURE REQUIRED	4/28/03	954-344-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083 (10/02)