

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90093 001 ****50.00

DOCUMENT # L96000000180

1. Entity Name

BRENNAN CUSTOM HOMES, L.C.

Principal Place of Business

**255 SUNRISE AVENUE
#200
PALM BEACH FL 33480**

Mailing Address

**255 SUNRISE AVENUE
#200
PALM BEACH FL 33480**

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

65-0647985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENITZ, TIM
C/O BRENNAN CUSTOM HOMES, L.C.
255 SUNRISE AVENUE, #200
PALM BEACH FL 33480**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR BRENNAN, JOSEPH F**
STREET ADDRESS **113 DUPONT STREET, SUITE 203**
CITY-ST-ZIP **TORONTO, ONT M5R1V4 CANADA**

☒ Change ☐ Addition
TITLE **1046 Yonge Street**
NAME **Toronto, Ont M4W-2L1**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR GREENGLASS, DANIEL J**
STREET ADDRESS **113 DUPONT STREET, SUITE 203**
CITY-ST-ZIP **TORONTO, ONT M5R1V4 CANADA**

☒ Change ☐ Addition
TITLE **1046 Yonge Street**
NAME **Toronto, Ont M4W-2L1**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR BENITZ, TIMOTHY**
STREET ADDRESS **255 SUNRISE AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JAN 7/2002 561-832-9969

CR2E083 (9/01)