

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001163

1. Entity Name
BROWNSVILLE RENAISSANCE SHOPPING CENTER, L.L.C.

Principal Place of Business Mailing Address
C/O DADE EMP. & ECONOMIC DEV. CORP., INC. C/O DADE EMP. & ECONOMIC DEV. CORP., INC.
141 N.E. THIRD AVE., SUITE 500 141 N.E. THIRD AVE., SUITE 500
MIAMI FL 33132 MIAMI FL 33132

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

JACKSON, ARTHUR Vickers, Milton
141 NE 3RD AVE #500
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name Milton D. Vickers
Street Address (P.O. Box Number is Not Acceptable)
141 N.E. 3rd Ave. #500
City MIAMI FL Zip Code 33142

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]*

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME DADE EMPLOYMENT & ECONOMIC DEV. CORP., INC.
STREET ADDRESS 141 N.E. THIRD AVE., SUITE 500
CITY-ST-ZIP MIAMI FL 33132

TITLE MGRM
NAME FANNIEMAE
STREET ADDRESS 3900 WISCONSIN AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20016

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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]*

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

Date

Daytime Phone #

2/13/01 (305) 577-8080

FILED

01 APR -5 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0788500 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CR2E083 (11/00)