2000 UNIFORM BUSINESS REPORT (UBR)

L98000001397 DOCUMENT # 1. Entity Name 00 APR 29 AM 9:08 BRIGHTON AT DORAL, L.C. GEORETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7200 N.W. 7TH STREET, SUITE 300 7200 N.W. 7TH STREET. SUITE 300 MIAMI FL 33126-2941 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WNW Applied For City & State City & State 4. FEI Number 65-0856041 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GONZALEZ RAMOS, LISA** Street Address (P.O. Box Number is Not Acceptable) 7200 N.W. 7TH STREET, SUITE 300 MIAMI FL 33126 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, 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 200003249712--3 Make Check Payable to Department of State -05/12/00--01015--004 MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. ☐ Change Addition TITLE MGR ☐ Delete TITLE NAME E.P.I. REALTY, INC. MAME STREET ADDRESS 7200 N.W. 7TH STREET, SUITE 300 STREET ADDRESS CITY-8T-ZIP MIAMI FL 33126 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- ST- ZIP Addition ☐ Delate TITI F (Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Delete Change Addition TITLE TITI F NAME MAME STREET ADDRESS STREET ADDRESS CETY- ST- ZIP CITY-21-712 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP 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.

APPROVED

CI72:E083 (9/99