

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001117

1. Entity Name

BROOKFIELD DEVELOPERS FLORIDA L.L.C.

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~AVENTURA CORPORATE CENTER, SUITE 103~~
~~20803 BISCAYNE BOULEVARD~~
~~AVENTURA FL 33180~~

~~AVENTURA CORPORATE CENTER, SUITE 103~~
~~20803 BISCAYNE BOULEVARD~~
~~AVENTURA FL 33180~~

2. Principal Place of Business

5555 Anglers Avenue

Suite, Apt. #, etc.

3. Mailing Address

5555 Anglers Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

4. FEI Number

65-0893811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOLFE, LEON J ESQ~~
~~BERMAN WOLFE & RENNERT, P.A.~~
~~100 SE SECOND STREET, 3500 NATIONSBANK TWR~~
~~MIAMI FL 33131~~

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City
Miami FL Zip Code
33131

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

Leon J. Wolfe, VP

3/28/01

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROOKFIELD DEVELOPERS FLORIDA INC
~~20803 BISCAYNE BOULEVARD, SUITE 103~~
~~AVENTURA FL 33180~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5555 Anglers Avenue
Ft. Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003994285--4
-04/12/01--01064--013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

David Burris

David Burris; CFO & Secretary 2/15/01 954-620-1000

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

Date

Daytime Phone #

CR2E083 (11/00)