

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0032355
56

DOCUMENT # L99000001132

1. Entity Name

COSCAN METROPOLITAN L.L.C.

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

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0893817

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

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

~~WOLFE, LEON J ESQ~~
~~C/O BERMAN WOLFE & RENNERT, P.A.~~
~~100 SE SECOND ST., 3500 NATIONSBANK TOWER~~
~~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 ☐ Delete
MGR
BROOKFIELD DEVELOPERS FLORIDA, LLC
STREET ADDRESS
20803 BISCAYNE BLVD., SUITE 103
CITY-ST-ZIP
AVENTURA FL 33180

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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)