2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

91111 911	III DOSINESO KI	(	,					
DOCUMENT # L9900001132  1. Entity Name						FILED		
COSCAN METROPOLITAN, LLC						03 APR 30 PM 3: 51		
5555 Ang	ce of Business lers Avenue	Mailing Address 5555 Anglers Avenue Ft. Lauderdale, Florida 33312			13312	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Ft. Lauderdale, Florida 33312						4,520	**************************************	
2. Principal Place of Business 5555 Anglers Avenue		3. Mailing Address 5555 Anglers Avenue						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
Suite 1A City & State		Suite 1A City & State				4. FEI Number Applied For		
Ft. Lauderdale, Florida		Ft. Lauderdale, Florida			ı	65-0893817	Not Applicable	
Zip 33312	Country US	Zip 33312	US	1		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registere			Agent 7			Name and address of New Registered Agent		
Registered Agents of Florida, LLC  100 Southeast Second Street, Suita 3500  Street					gistered et Address	istered Agents of Florida, LLC Address (P.O. Box Number is Not Acceptable) S.E. Second Street		
Sui				te 2900				
		City Miami		ami		FL   Zip   33131		
SIGNATURE	<b>=</b>				Howa	d office or registered agent, or both, in arranged arrang	the State of Florida.	
Signature, typed or printed name of fegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OF THE PROPERTY OF THE PROPE								
	<i>V</i>		ck Payable	to De	partment of	of State   04/30/03010260	ĭ3 **50.00	
9. MANAGING MEMBERS/ MEMBERS  TITLE MGR Delete				10. TITLE	ADDITIONS/ CHANGES  MGR			
NAME STREET	Brookfield Developers Florida J. J. C.				NAME STREET	Coscan Developers Florida, L.L.C.		
ADDRESS CITY-ST-ZIP	5555 Anglers Avenue				ADDRESS CITY-ST-ZI	5555 Anglers Avenue		
Ft. Lauderdale, Florida 33312						Ft. Lauderdale, Florida 33312		
TITLE NAME STREET			☐ Del	NAME STREET			Change 🗖 Addition	
ADDRESS CITY-ST-ZIP					ADDRESS CITY-ST-ZII	<del>04/30/03=-01026=-013**50.00</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			ete	TITLE NAME STREET ADDRESS CITY-ST-ZII	EET RESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Dele			ete	TITLE NAME STREET ADDRESS CITY ST-ZIF	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delet			ete	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP			
information indic manager of the I	cated on this report is true and ac limited liability company or the reco	ccurate and that my	signature sha	all hav	the same le	ated in Section 119.07(3)(i), Florida Statutes egal effect as if made under oath; that I an equired by Chapter 608, Florida Statutes.	s. I further certify that the in a managing member or	
SIGNATU	SIGNATURE  Albert Piazza 4/22/03 (954) 620-1000  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, KANAGER OR AUTHORIZED REPRESENTATIVE  Date  Daytime Phone #							
ADEAL ESTATE	signature and typed on PRIM  All Open Files/C/Coscan/Entitie					DRIZED REPRESENTATIVE Date	Daytime Phone #	