

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L99000001133**

1. Entity Name

**COSCAN ATLANTIC I, LLC**

**FILED**

**03 APR 30 PM 3:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>5555 Anglers Avenue Ft. Lauderdale, Florida 33312</b>	Mailing Address <b>5555 Anglers Avenue Ft. Lauderdale, Florida 33312</b>
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2. Principal Place of Business <b>5555 Anglers Avenue</b>	3. Mailing Address <b>5555 Anglers Avenue</b>
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Suite, Apt. #, etc. <b>Suite 1A</b>	Suite, Apt. #, etc. <b>Suite 1A</b>
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City & State <b>Ft. Lauderdale, Florida</b>	City & State <b>Ft. Lauderdale, Florida</b>
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Zip <b>33312</b>	Country <b>US</b>	Zip <b>33312</b>	Country <b>US</b>
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4. FEI Number <b>65-0893820</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Registered Agents of Florida, LLC  
100 Southeast Second Street, Suite 3500  
Miami, Florida 33131**

7. Name and address of New Registered Agent

Name  
**Registered Agents of Florida, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. Second Street**

**Suite 2900**

City **Miami** FL Zip **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 **Howard J. Vogel, V.P.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1, 2003  
3000017545569  
04/30/03--01026--014 \*\*50.00

9. MANAGING MEMBERS/ MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Brookfield Developers Florida, L.L.C. 5555 Anglers Avenue Ft. Lauderdale, Florida 33312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Coscan Developers Florida, L.L.C. 5555 Anglers Avenue Ft. Lauderdale, Florida 33312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **Albert Piazza** 4/22/03 (954) 620-1000

Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #