## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

L99000001135 00 MAY -2 AM 11: 52 DOCUMENT # 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA COSCAN ATLANTIC III L.L.C. Principal Place of Business Mailing Address AVENTURA CORPORATE CENTER, SUITE 103 AVENTURA CORPORATE CENTER, SUITE 103 20803 BISCAYNE BOULEVARD 20803 BISCAYNE BOULEVARD AVENTURA FL 33180 AVENTURA FL 33180-1429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, LEON J ESQ Street Address (P.O. Box Number is Not Acceptable) C/O BERMAN WOLFE & RENNERT, P.A. 100 SE SECOND ST., 3500 NATIONSBANK TWR MIAMI FL 33131 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Change Addition TIT1 F TITLE BROOKFIELD DEVELOPERS FLORIDA L.L.C. NAME MAME 20803 BISCAYNE BLVD., SUITE 103 STREET ADDRESS STREET ADDRESS AVENUTRA FL 33180 CITY-ST-ZIP CITY-ST-71P Addition | TITLE ☐ Delete TITLE Champe RAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addittion ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITI F NAME MAME STREET ADDRESS RTREET ADDRERS CITY-8T-ZIP CITY- ST- ZIP Change Addition ☐ Detete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 71D Change Addition Delete TITLE MAME 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.

ATTRUVEL