

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001135

1. Entity Name
COSCAN ATLANTIC III 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~~
~~20000 BISCAYNE BOULEVARD~~
~~AVENTURA FL 33180~~
~~AVENTURA CORPORATE CENTER, SUITE 103~~
~~20000 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.

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, FL
Zip 33312 Country USA
4. FEI Number 65-0893819 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~WOLFE, LEON J ESQ~~
~~C/O BERMAN WOLFE & RENNERT, P.A.~~
~~100 SE SECOND ST., 3500 NATIONS BANK TWR~~
~~MIAMI FL 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 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 MGR STREET ADDRESS BROOKFIELD DEVELOPERS FLORIDA L.L.C. CITY-ST-ZIP 20000 BISCAYNE BLVD., SUITE 103 AVENUTRA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 5555 Anglers Avenue CITY-ST-ZIP Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

0011259 AF

CR2E083 (11/00)