

2001 UNIFORM BUSINESS REPORT (UBR)

0011299 AF

DOCUMENT # L99000001297

1. Entity Name

COSCAN OCEAN POINT L.L.C.

FILED

01 APR -4 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business AVENTURA CORPORATE CENTER, SUITE 103 20803 BISCAYNE BOULEVARD AVENTURA FL 33180	Mailing Address AVENTURA CORPORATE CENTER, SUITE 103 20803 BISCAYNE BOULEVARD AVENTURA FL 33180
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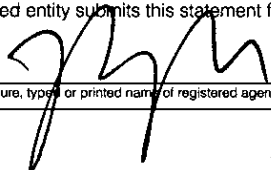
2. Principal Place of Business 5555 Anglers Avenue Suite, Apt. #, etc.	3. Mailing Address 5555 Anglers Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 65-0881074	Applied For Not Applicable
Zip 33312	Country USA	Zip 33312	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$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., STE 3500 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
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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.

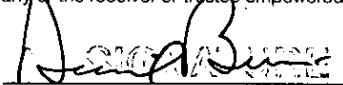
SIGNATURE  Leon J. Wolfe, VP 3/28/01

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 STREET ADDRESS CITY-ST-ZIP	MGR BROOKFIELD DEVELOPERS FLORIDA L.L.C. 20803 BISCAYNE BLVD., SUITE 103 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5555 Anglers Avenue Ft. Lauderdale, FL 33312
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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 3/15/01 954-620-1000

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

CR2E083 (11/00)