2001 UNIFORM BUSINESS REPORT (UBR)

001343 AT

DOCUMENT # L99000001298

1. Entity Name
COSCAN HOME BUILDERS L.L.C.

FILED
01 APR -4 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~AVENTURA CORPORATE CENTER, SUITE 103~~ ~~20803 BISCAYNE BOULEVARD~~ ~~AVENTURA FL 33180~~	~~AVENTURA CORPORATE CENTER, SUITE 103~~ ~~20803 BISCAYNE BOULEVARD~~ ~~AVENTURA FL 33180~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5555 Anglers Avenue	5555 Anglers Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33312 Country: USA	Zip: 55512 Country: USA

4. FEI Number 65-0893813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WOLFE, LEON J ESQ~~ ~~C/O BERMAN WOLFE & RENNERT, P.A.~~ ~~100 S.E. SECOND ST., 3500 NATIONSBANK TWR~~ ~~MIAMI FL 33131~~	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 / STREET ADDRESS / CITY-ST-ZIP	MGR BROOKFIELD DEVELOPERS FLORIDA L.L.C. ~~20803 BISCAYNE BLVD., SUITE 103~~ ~~AVENTURA FL 33180~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5555 Anglers Avenue Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003994300--6 -04/12/01--01064--022 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ CFO/Sec for Brookfield Dev. Fla 2/14/01 954-620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE LLC Date Daytime Phone #