

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

DOCUMENT # L99000001298

1. Entity Name

COSCAN CONSTRUCTION, LLC

FILED

03 MAY 22 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5555 Anglers Avenue Ft. Lauderdale, Florida 33312	Mailing Address 5555 Anglers Avenue Ft. Lauderdale, Florida 33312
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2. Principal Place of Business 5555 Anglers Avenue	3. Mailing Address 5555 Anglers Avenue
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Suite, Apt. #, etc. Suite 1A	Suite, Apt. #, etc. Suite 1A
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City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale, Florida
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4. FEI Number
65-0893813

Applied For

Not Applicable

Zip 33312	Country US	Zip 33312	Country US
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5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

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

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

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brookfield Developers Florida, L.L.C. 5555 Anglers Avenue Ft. Lauderdale, Florida 33312	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Coscan Homes, L.L.C. 5555 Anglers Avenue, Suite 1A Ft. Lauderdale, Florida 33312	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/22/03--01098--001 **50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

Albert Piazza

(954) 620-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #