2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UN	IIFORM BUSINE	SS REPORT	(UBR)					
DOCUMENT # L9900002690 1. Entity Name BRIGHTON AT SUMMIT, L.C.					FILED			
Brianton At Committy E.C.				ALTIS!		2003 SEP -	9 PM 1:23	
Principal Plac 200 N.W. 7TH IIAMI FL 33126	STREET. SUITE 300	Mailing Address 7200 N.W. 7TH STREET. SUITE MIAMI FL 33126	00 N.W. 7TH STREET. SUITE 300		DIVISION OF CORPORATIONS FAEITAHASSEE, FLORIDA			
2. Principal P 299	lace of Business AWAMBRA CR.	3. Mailing Address 299 ALHAMBRA CR.		2,				
	#, etc. Svite#405	Suite, Apt. #, etc. SUITE # WOY				CHECK HERE IF	MAKING CHANGES	
City 9 Stat		City & State CORAL GAB	LES, FL		4. FEI Num	ber 65-0966162		oplied For ot Applicable
Zip 33	Country USA	Zip 33/344	Country USA		5. Certifica	te of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	-			nd Address of New Reg		
CON	IZALEZ DAMOS LISA		Name	Lo	V15 (O, GONZA	202	
GONZALEZ RAMOS, LISA 7200 N.W. 7TH STREET, SUITE 300 MIAMI FL 33126				Street Address (P.O. Box Number is Not Acceptable) 2 3 9 ALHAMBON CR				
MIAN	M PL 33120			کـ	VITE	400		
	· !		City	CORA	L GAR	1 ES	FL 3999	^{je} 3 ५∠
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES								
9.	MGR MANAGING MEMBERS		10.	Ma	1			
TITLE Name	ELIZABETH PROPERTIES, INC.	☐ Delete	TITLE NAME	2=12	ABETT	PROPERTY E	S The Change	Addition
STREET ADDRESS CITY-ST-ZIP	7200 N.W. 7TH STREET, SUITE 30 MIAMI FL 33126	00	STREET ADDRESS CITY-ST-ZIP			HAMBER C		
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	ortify that the information or angled	sie filing does not aveillé fa-ille	CITY-ST-ZIP	tod in C-c	lion 110 07/2	Vi) Elerida Ctat tara t	urthor on 415 . All -4 All -1	
indicated	ertify that the information supplied with the on this report is true and accurate and the oility company or the receiver or trustee e	at my signature shall have the	same legal effec	ct as if ma	de under oa	th: that I am a managin	g member or manage	er of the

SIGNATURE:

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

Date

Daytime Phone #