## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L99000002695 1. Entity Name CO MAY 16 PM 2: 54 BRIGHTON AT BOYNTON BEACH, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7200 N.W. 7TH STREET, SUITE 300 7200 N.W. 7TH STREET. SUITE 300 MIAMI FL 33126-2941 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable \$5.00, Additional\_ Zip Country Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ RAMOS, LISA Street Address (P.O. Box Number is Not Acceptable) 7200 N.W. 7TH STREET, SUITE 300 MIAMI FL 33126 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change Addition Oelete TITLE TITLE MGR RAME NAME GONZALEZ, LOUIS O STREET ADDRESS STREET ADDRESS 7200 N.W. 7TH STREET, SUITE 300 CITY-81-ZIP CITY- 8T- 27P MIAMI FL 33126 Delate TITLE TITLE -06/09/00--01061--005 RAME STREET ADDRESS \*\*\*\*\*50.00 ·=\*\*\*\*50.00 ·== STREET ADDRESS C11Y-8T-Z1F CITY-ST-ZIP Change ☐ Deleta TITLE TITLE NÄME MAME STREET ADDRESS STREET ADDRESS CITY- BT- ZIP CITY- ST- ZIP Change Addition ☐ Detate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$1-71P Change. ☐ Addition ☐ Detete mle TITLE NAME STREET ADDRESS STREET ANDRESS CITY-ST-7IP CITY-8T-Z(P Addition Change ☐ Defete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS

11. I hereby certay 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/35/00 Date

3052626100

Daytime Phone #

APPROVED