2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002695* BRIGHTON AT BOYNTON BEACH, L.C.						FILED 01 MAY 30 PM 4: 46				
·		<u>.</u>					SECRETAI TALLAHAS	RY OF S	TATÈ	
Principal Place	e of Business	Mailin	ng Address				TALLAHAS	SEE. FL	ORIDA	
			7200 N.W. 7TH STREET. SUITE 300 MIAMI FL 33126							
2. Principal Pl	Place of Business	3. Mai	iling Address			-				
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE			
City & State	e	City	/ & State		<u>.</u>	4. FEI Numb	65-0919628	0	Ap	plied For
Zip	Country	Zip		Coun	ntry	E Contificat	e of Status Desired		No. \$5.00 Add	t Applicable titional
								F	ee Require	
	6. Name and Address of 0	Current Registere	ea Agent		Name	/. Name an	d Address of New R	registered A	gent	
GONZALEZ RAMOS, LISA 7200 N.W. 7TH STREET, SUITE 300			Stroot A			s (PO Boy Numb	per is Not Acceptable	<i>-</i>		
					Julea Addles	o (1.0. DOX NUME	or is two Acceptable	·		
MIAMI FL	33126		-		r					
				Ē	City			FL	Zip Code	е
The above	named entity submits this state	tement for the purp	oose of changing its	registere	ed office of regis	stored agent, or or		onda.		
NOVIATURE.	named entity submits this state Signature, typed or printed name of registr				ed office of regis			DATE		
NOVIATURE.	·		plicable. (NOTi	E: Registere	d Agent signature requ	uired when reinstating)				······································
Signature _	Signature, typed or printed name of registr		FILE No. Make Check Pa	E: Registere	d Agent signature requ	uired when reinstating)	, ADDITIONS,	DATE		
SIGNATURE _ 9. FITLE NAME STREET ADDRESS	Signature, typed or printed name of registr MANAGING MGR GONZALEZ, LOUIS O 7200 N.W. 7TH STREET,	tered agent and title if app	FILE No. Make Check Pa	E: Registere OW!!! tyable t 10. TITLI NAM STRE	ro Agent signature requ FEE IS \$50.0 To Departmen	uired when reinstating)		DATE	☐ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registr MANAGING MGR GONZALEZ, LOUIS 0	tered agent and title if app	FILE NO FILE NO Make Check Pa MBERS	E: Registere OW!!! tyable t 10. TITLI NAM STRE	FEE IS \$50.C to Departmen E HE EET ADDRESS (-ST-ZIP	uired when reinstating)		DATE	☐ Change	·
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