

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005922

DOCUMENT # L99000003222

1. Entity Name

BRIGHTON AT DELRAY BEACH, L.C.

02 MAY 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7200 N.W. 7TH STREET, SUITE 300 MIAMI FL 33126	7200 N.W. 7TH STREET, SUITE 300 MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0924169	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
LISA GONZALEZ RAMOS 7200 N.W. 7TH STREET, SUITE 300 MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE	<i>Lisa G. Ramos</i>	Lisa G. Ramos, Director	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	ELIZABETH PROPERTIES, INC.
STREET ADDRESS	7200 N.W. 7TH STREET, SUITE 300
CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1200.00 **50.00

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:	<i>Louis O. Gonzalez</i>	4-9-02	305 269-7999
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CR2E083 (9/01)