

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000279

1. Entity Name
COSCAN PRESIDENTIAL LLC

Principal Place of Business

~~20000 DISCAYNE BLVD~~
~~AVENTURA FL 33100~~

Mailing Address

~~20000 DISCAYNE BLVD~~
~~AVENTURA FL 33100~~

2. Principal Place of Business

5555 Anglers Avenue

Suite, Apt. #, etc.

3. Mailing Address

5555 Anglers Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

4. FEI Number

65-0974321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BERMAN-WOLFE-RENNERT-VOGEL & MANDLER, PA~~
~~35TH FL, NATIONSBANK TOWER~~
~~100 S.E. 2ND STREET~~
~~MIAMI FL 33131-2130~~

7. Name and Address of New Registered Agent

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast Second Street

Suite 3500

City

Miami

FL

Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

Leon J. Wolfe, VP

3/28/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Brookfield Developers Florida LLC
5555 Anglers Avenue
Ft. Lauderdale, FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003994252-1
-04/12/01--01064--011
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Burris

David Burris; CFO & Secretary 2/15/01 954-620-1000

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

Date

Daytime Phone #

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)