

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003193

1. Entity Name

BROOKWOOD CITITOWER CO., LLC



FILED

03 APR 10 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

55 Tozer Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Beverly MA

City & State

4. FEI Number

65-1161770

Applied For

Not Applicable

Zip

01915

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CSL

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

1201 Hays Street

City

Tallahassee

FL

Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | MGRM                              |
| NAME           | Thomas N. Trkla                   |
| STREET ADDRESS | 55 Tozer Rd                       |
| CITY-ST-ZIP    | Beverly MA 01915                  |
| TITLE          | MGRM                              |
| NAME           | Thomas W. Brown                   |
| STREET ADDRESS | 55 Tozer Rd                       |
| CITY-ST-ZIP    | Beverly MA 01915                  |
| TITLE          | MGRM.                             |
| NAME           | Joel A. Mael                      |
| STREET ADDRESS | 1350 Avenue of the Americas #2001 |
| CITY-ST-ZIP    | New York, NY 10019                |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
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| CITY-ST-ZIP    |  |

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Thomas N. Trkla*

4-9-03

978-927-8300

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

Date

Daytime Phone #

CR2E083B (12/02)