

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MA99000000182
 1. Entity Name
Brookwood Coral Gables Co. LLC
Investors, LLC

FILED
 00 APR 10 AM 9:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
55 Tozer Rd
Beverly MA 01915

Mailing Address
55 Tozer Rd
Beverly MA 01915

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
04-3453568

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays St
Tallahassee FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Trkla, Thomas N	
STREET ADDRESS	55 Tozer Rd.	
CITY-ST-ZIP	Beverly MA 01915	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Brown, Thomas W.	
STREET ADDRESS	55 Tozer Rd	
CITY-ST-ZIP	Beverly MA 01915	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Maehl, Joel A.	
STREET ADDRESS	1350 Ave of The Americas, Suite 2001	
CITY-ST-ZIP	New York, NY 10019	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003224131--6	
CITY-ST-ZIP	-04/26/00--01013--006	
	****50.00 ****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: Evered, Luke **4-5-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)